

TOXICS CHEMICAL RELEASE INVENTORY FORM A

_	nited States nvironmental Prot	tection Agency		F	ORM	\mathbf{A}			
WH	ERE TO SEND COMI		. TRI Data Proce P. O. Box 151 Lanham, MD 2 ATTN: TOXIC (3 20703-1513	(PPROPRIATE STA		Enter "X" here if this is a revision For EPA use only	_
IM	IPORTANT: See inst	tructions to determ	ine when "Not	Applicable	(NA)" bo	xes should be ch	ecked.	ļ.	П
		PART	Γ 1. FACILI	TY IDEN	NTIFICA	TION INFO	RMATION		
SF	ECTION 1. REP	ORTING YEAR	₹	_					
SE	ECTION 2. TRA	DE SECRET IN	NFORMATI	ON					
2.1	Are you claiming the Yes (Answer q Attach sul		No (Do	2 trade secre not answer to Section 3	2.2;	Is this copy (Answer	Sanitized only if "YES" in	Unsanitized 2.1)	
SF	ECTION 3. CERT	TIFICATION	(Important:	Read an	d sign at	ter completin	g all form sect	ions.)	
this white or j	suant to 40 CFR 372.2 reporting year, the and ich included no more the processed, or otherwise resuant to 40 CFR 372.2 red in this statement, the astrophic events) for the defined in 40 CFR 372 otherwise used in an an	nual reportable amount nual 2,000 pounds of used in an amount range (a)(2), "I hereby ceere were zero disposis reporting year, the 27(a)(2), did not exceed the control of	nt for each chen total disposal or not exceeding 1 a rtify that to the als or other release "Annual Report ceed 500 pounds	other release million pound best of my kases to the e table Amount for this repo	ned in 40 (es to the ends during to consider the constant of a Cherorting year.	CFR 372.27(a)(1), avironment, and the reporting year; and belief for the (including disposnical of Special C and that the chem	did not exceed 5,0 at the chemical wa " and/or toxic chemical(s) of als or other release oncern" for each si	of special concernes that resulted from uch chemical,	for
Vame	and official title of owner	operator or senior mana	agement official:			Signature:		Date Signed:	
SF	ECTION 4. FACI	LITY IDENTIF	TICATION						
4.1				TRI Facility II					
Facil	ity or Establishment Name		•	Facility or Es	tablishment	Name or Mailing Ad	dress (If different fro	m street address)	
Stree	t			Mailing Addre	ess				_
City/	County/State/Zip Code		(City/State/Zip	Code			Country (Non-	US)
4.2	This report contains infor	mation for: (<u>Important</u>	: Check c or d if a	pplicable)		c.	A Federal facility	d. GOCO	\neg
4.3	Technical Contact Name					Ге	lephone Number (inc	lude area code)	
	Email Address								
4.4	Intentionally left blank								
1.5	NAICS Code (s) (6 digits)	Primary a.	b.	c.		d.	e.	f.	
4.7	Dun & Bradstreet Number (s) (9 digits)	a b.		• '		•	•		_
SI	ECTION 5. PARE		INFORMA	TION					
5.1	Name of Parent Company	, NA							
5.2	Parent Company's Dun &	Bradstreet Number	NA						

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EPA FORM A

	PART II. CHEMICAL IDENTIF	ICATION TRIFID:
	Do not use this form for reporting Dioxin and Dioxin-like C	ompounds*
Sl	ECTION 1. TOXIC CHEMICAL IDENTITY	Reportof
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. En	nter category code if reporting a chemical category.)
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it app	ears on the Section 313 list.)
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Gen	eric Name must be structurally descriptive.)
S	SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT con	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including	g numbers, letters, spaces, and punctuation.)
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