(IMPORTANT: Read instructions before completing form; type or use fill-and-print form)

Form Approved OMB Number: 2025-0009 Approval Expires: 10/31/2014t

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				FC	DRM R		TRI Faci	lity ID Numb	er	
Jnit	EPA		Right-to-l Superfun	ر ۲۹٤ Know Act of	gency Planning and ( 36, also Known as Tit and Reauthorization	le III of the	Toxic Ch	nemical, Cate	egory, or (	Generic Name
	ironmental Prote			P. O. Box		2.		RIATE STATE ( uctions in Ap		
revis prev	section only applies if ing or withdrawing a iously submitted form rwise leave blank.		vision (Ente	er up to two	vA 22038 code(s))		Withd	rawal (Er	nter up 1	to two code(s)
MP	ORTANT: See instru	uctions to det	ermine when	"Not Applicab	ie (NA)" boxes shou	uld be check	ed.			
		PA	RT I. FACI	LITY IDEN	<b>FIFICATION IN</b>	FORMAT	ION			
	CTION 1. REPOR		R							
			IN							
SEC	TION 2. TRAD	E SECRET	INFORMA	ΓΙΟΝ						
2.1	Are you claiming the Yes (Answer c attach sub			page 2 as a trac No	de secret? (Do not answer 2.2 go to Section 3)	2; 2.		opy Sar	nitized in 2.1)	Unsanitized
SEC		TIFICATIO	,	rtant: Reac	and sign afte	er comple		,	-	
her	eby certify that I have plete and that the am	reviewed the	attached docu	ments and that,	, to the best of my kr	nowledge an	d belief, the	submitted in	nformatio	n is true and
	e and official title of o					e estimates u	sing uata av		Date sig	•
		·		5	5					-
SFC	CTION 4. FACILI	TY IDENT	IFICATION							
	Facility or E stablishn			TRI Facility ID	) Number					
1.1	Physical Street Addre		S	Mailing Addr	ress (if different from	n physical str	eet address)		Countra	(Non-US)
1.2	This report contains i				n entire b.			A federa		
	(have a strength Charalter					Part of a	с.		ai c	. GOCO
	(Important: Check a				acility	Part of a facility	c.	facility		
1.3	(Important: Check a Technical Contact Na	or b; check c c			acility	1	с.	facility		. GOCO
4.3	Technical Contact Na	or b; check c c			acility	1	с.	facility		
4.3		or b; check c c			acility	1	c	facility Telephone N	Number (ii	
	Technical Contact Na Email Address	or b; check c c			acility	1	c	facility Telephone N	Number (ii	nclude area code)
1.4	Technical Contact Na Email Address Public Contact Name	or b; check c c ame	or d if applicabl	e) fa		facility		facility Telephone N Telephone N	Number (ii Number (ii	nclude area code)
1.4 1.5	Technical Contact Na Email Address Public Contact Name Email Address NAICS Code(s)	or b; check c c ame Primary a. a.		e) fa	acility	1	c.	facility Telephone N Telephone N	Number (ii	nclude area code)
4.4	Technical Contact Na Email Address Public Contact Name Email Address NAICS Code(s) (6 digits) Dun & Bradstreet Number(s) (9 digits)	or b; check c c ame Primary a. a. b.	b.	e) fa		facility		facility Telephone N Telephone N	Number (ii Number (ii	nclude area code)
4.4	Technical Contact Na Email Address Public Contact Name Email Address NAICS Code(s) (6 digits) Dun & Bradstreet Number(s) (9 digits) CTION 5. Parent	or b; check c c ame Primary a. a. b. t Company	b.	e) fa		facility		facility Telephone N Telephone N	Number (in Number (in f.	nclude area code) nclude area code) nclude area code) nclude area code)

Page 2 of 6

			FORI	MR		TR	RI Facility ID Number
	Part II. C				N	То	oxic Chemical, Category, or Generic Name
	. TOXIC CHEN			reporting a mixture co	omponent in Section 2	below.)	
1.1 CAS Num	ber (Important: I	Enter only one	number e	xactly as it appears on t	the Section 313 list. Ente	r category	code if reporting a chemical category.)
1.2 Toxic Ch	emical or Chemica	al Category Na	me (Impo	rtant: Enter only one na	me exactly as it appears	on the Sec	tion 313 list.)
1.3 Generic (	Chemical Name (lı	mportant: Com	nplete only	y if Part I, Section 2.1 is o	checked "Yes". Generic N	lame must	be structurally descriptive.)
SECTION 2	. MIXTURE CO	OMPONENT		ITY (Impo	rtant: DO NOT comple	te this sect	tion if you completed Section 1.)
2.1 Generic	Chemical Name Pi	rovided by Sup	oplier (Imp	ortant: Maximum of 70	characters, including nu	ımbers, lett	ters, spaces, and punctuation.)
	. ACTIVITIES		OF THE	TOXIC CHEMICAL	AT THE FACILITY		
3.1 Manufa	cture the toxic	chemical:	3.2	Process the toxic of	chemical:	3.3 Oth	nerwise use the toxic chemical:
c d e	Produce or Im For on-site use/p For sale/distribu As a byproduct As an impurity	processing	b. c. d.	<ul> <li>As a reactant</li> <li>As a formulation cc</li> <li>As an article compo</li> <li>Repackaging</li> <li>As an impurity</li> </ul>	•	b. 🗌 A	as a chemical processing aid as a manufacturing aid ncillary or other use
SECTION 4 CALENDA		AMOUNT O	FTHET	OXIC CHEMICAL C	ON-SITE AT ANY TI	ME DURI	ING THE EP
4.1	(Ente	r two digit cod	e from ins	truction package.)			
SECTION	5. QUANTIT	Y OF THE	TOXIC	C CHEMICAL EN	TERING EACH E	NVIRO	NMENTAL MEDIUM ON-SITI
		Α.		ease (pounds/year*) ange code** or estimate	e) <b>B. Basis of Estimate</b> (Enter code)		C. Percent from Stormwater
5.1 Fugitiv air emi	e or non-point ssions						
5.2 Stack o emissio	r pointair ons						
stream	rges to receiving s or water bodies one name per						
Stream	or Water Body N	ame					
5.3.1							
5.3.2							
5.3.3		tion E 2 and -t	tached in	dicata tha tatal must	of pages in this have		
	ages of Part II, Sec ne Part II, Section			dicate the total number box. (Exar	nple: 1, 2, 3, etc.)	]	
	-1 (Rev. 10/2012)					oxin or Dio	xin-like compounds, report in grams/yea

\*\*Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

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				FC	ORM R		TRI	Facility ID Number	
I	Part II. CHEMICAL-SPE	C		-	NFORMATION (CONTINUED)		Тохі	c Chemical, Category, or Generi	c Name
SECTI (conti		ΞT	ΌΧ	IC	CHEMICAL ENTERING EACH ENVIRON	NMEN.	TAL ME	DIUM ON-SITE	
			N/	۱.	A. Total Release (pounds/year*) (Enter a range code** or estimate)	e B	<b>Basis of</b> (Enter c	<b>Estimate</b> ode)	
5.4.1	Underground Injection on-site to Class I Wells								
5.4.2	Underground Injection on-site to Class II-V Wells								
5.5	Disposal to land on-site								
5.5.1A	RCRA Subtitle C landfills					Т			
5.5.1B	Other landfills								
5.5.2	Land treatment/application farming								
5.5.3A	RCRA Subtitle C surface impoundments								
5.5.3B	Other surface impoundments								
5.5.4	Other disposal								
SECTI	ON 6. TRANSFER(S) OF T	Η	ĘT	o>	COMPACT IN WASTES TO OFF-SIT	E LOC	ATIONS		
6.1	DISCHARGES TO PUBLICLY	٥v	VNE	DT	REATMENT WORKS (POTWs)		NA		
6.1	POTW Name								
POTW A	ddress					c	-	715	
City	A. Quantity Transferre	a al i	<b>4</b> - 4		County	State	is of Estin	ZIP	
	(pounds/year*) (Ent						ter code)	late	
			e ati	tacł	ned, indicate the total number of pages in this box	x	]		
lf additio	onal pages of Part II, Section 6.1	are							
	onal pages of Part II, Section 6.1 icate the Part II, Section 6.1 page			ber	in this box (Example: 1, 2, 3, etc.)				
and indi		e n	uml						
and indi <b>SECTIO</b> I	icate the Part II, Section 6.1 page	e n OFI	uml F-SI	TE					
and indi SECTIOI 6.2	icate the Part II, Section 6.1 page	e n OFI	uml F-SI	TE					
and indi <b>SECTIOI</b> 6.2 Off-Site	icate the Part II, Section 6.1 page N 6.2 TRANSFERS TO OTHER ( Off-Site EPA Identification Num	e n OFI	uml F-SI	TE					
and indi <b>SECTIOI</b> 6.2 Off-Site	icate the Part II, Section 6.1 page <b>N 6.2 TRANSFERS TO OTHER (</b> Off-Site EPA Identification Num Location Name:	e n OFI	uml F-SI	TE		ZIP		Country (non-US)	

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(Enter a range code** or estimate)       (Enter a range code** or estimate)         1.       1.         2.       3.         3.       4.         6.2       Off-Site EPA Identification Number (RCRA ID No.         Off-Site Location Name:       Off-Site Address:         City       Court         Is this location under control of reporting facility or parer         A. Total Transfer (pounds/year*)       B. Ba         (Enter a range code** or estimate)       I.         1.       1.         2.       3.         3.       4.         SECTION 7A. ON-SITE WASTE TREATMENT I         Not Applicable (NA) - Check here if no on-site waste         a. General Waste Stream (Enter code)       1         7A.1a       7A.1b         3       6         7A.2a       7A.2b         3       6         7A.3a       7A.3b         3       6         7A.4a       7A.4b	DRMATION (CONTINUED)         Basis of Estimate (Enter code)       C.         1.       2.         3.       4.         lo.)	Toxic Chemical, Category, or Generic Nar Toxic Chemical, Category, or Generic Nar Type of Waste Treatment/Disposal/ M M M Country (non-US) Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) M
A. Total Transfer (pounds/year*) (Enter a range code** or estimate) B. B. (Enter a range code** or estimate)   1. 1.   2. 3.   3. 3.   4. 4.   6.2Off-Site EPA Identification Number (RCRA ID No.   Off-Site Location Name:   Off-Site Address:   City Court   Is this location under control of reporting facility or parer   A. Total Transfer (pounds/year*) (Enter a range code** or estimate)   1. 1.   2. 3.   3. 4.   4. 4.   SECTION 7A. ON-SITE WASTE TREATMENT I   A. General Waste Stream (Enter code)   7A.1a 7A.1b   3   6   7A.2a   7A.3a   7A.3a   7A.4a   3   6	Basis of Estimate (Enter code)       C.         1.       2.         3.       4.         Io.)       State       ZIP         ent company?       Yes       No       Easis of Estimate (Enter code)       C.         Iter code       1.       Inter code       Inter code       Inter code         Inter code       Inter code       Inter code       Inter code       Inter code	Recycling/Energy Recovery (Enter code)         . M
(Enter a range code** or estimate)       (Enter a range code** or estimate)         1.       1.         2.       3.         3.       3.         4.       4.         6.2Off-Site EPA Identification Number (RCRA ID No.         Dff-Site Location Name:	(Enter code)       1.         2.       3.         3.       4.         Io.)       Ves         Dunty       State       ZIP         ent company?       Yes       No       Easis of Estimate         (Enter code)       C.       1.	Recycling/Energy Recovery (Enter code)         . M
2.       2.         3.       3.         4.       4.         5.2Off-Site EPA Identification Number (RCRA ID No.         Off-Site Location Name:	2. 3. 4. bounty State ZIP ent company? Yes No Basis of Estimate (Enter code) C. 1.	. M . M . M Country (non-US) . Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) . M
3. 3.   4. 4.   5.2Off-Site EPA Identification Number (RCRA ID No.   Dff-Site Location Name:   Dff-Site Address:   City Court   Sthis location under control of reporting facility or parent   A. Total Transfer (pounds/year*)   (Enter a range code** or estimate)   I.   2.   3.   4.   5.   2.   3.   4.   5.   2.   3.   4.   5.   2.   3.   4.   5.   5.   3.   4.   5.   5.   7.	3.       4.       Io.)       bunty     State       ZIP       ent company?     Yes       No       Basis of Estimate (Enter code)       1.	. M . M Country (non-US) . Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) . M
A.       4.         5.2Off-Site EPA Identification Number (RCRA ID No.       Off-Site Location Name:         Off-Site Location Name:      Off-Site Address:         Could       Could         Statis location under control of reporting facility or parent       Could         A. Total Transfer (pounds/year*)       B. Bai         (Enter a range code** or estimate)       I.         .       1.         .       1.         .       2.         .       3.         .       4.         SECTION 7A. ON-SITE WASTE TREATMENT I        Not Applicable (NA) - Check here if no on-site waste         .       .        Not Applicable (NA) - Check here if no on-site waste         .       3         .       3         .       3         .       3         .       3         .       3         .       3         .       3         .       3         .       3         .       3         .       3         .       3         .       3         .       3         . </td <td>4. Io.) Dunty State ZIP ent company? Yes No Basis of Estimate (Enter code) 1.</td> <td>. M Country (non-US) . Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) . M</td>	4. Io.) Dunty State ZIP ent company? Yes No Basis of Estimate (Enter code) 1.	. M Country (non-US) . Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) . M
5.2Off-Site EPA Identification Number (RCRA ID No.   Off-Site Location Name:   Off-Site Address:   City   City   Counds/searce   A. Total Transfer (pounds/year*)   (Enter a range code** or estimate)   I.   I.   I.   2.   3.   I.   SECTION 7A. ON-SITE WASTE TREATMENT I   Not Applicable (NA) - Check here if no on-site waste   General Waste Stream   (Enter code)   7A.1a   7A.1a   7A.2a   7A.2a   7A.3a   7A.3a   7A.4a   3   6   7A.4a   7A.4a   3   6   7A.4a   7A.4a   3   6	lo.) Dunty State ZIP ent company? Yes No Basis of Estimate (Enter code) 1.	Country (non-US) . Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) . M
Off-Site Location Name:       Course         Off-Site Address:       Course         City       Course         Is this location under control of reporting facility or parent       R. B. B.         A. Total Transfer (pounds/year*)       B. B.         (Enter a range code** or estimate)       I.         I.       1.         2.       3.         3.       3.         4.       SECTION 7A. ON-SITE WASTE TREATMENT I         SECTION 7A. ON-SITE WASTE TREATMENT I       I.         Ont Applicable (NA) - Check here if no on-site waste       I.         . General Waste Stream (Enter code)       7A.1a         7A.1a       7A.1b         3       6         7A.2a       7A.2b         3       6         7A.3a       7A.3b         3       6         7A.4a       7A.4b	ounty State ZIP ent company? Yes No Basis of Estimate (Enter code) C.	. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) . M
Off-Site Address:   City   Sthis location under control of reporting facility or parent   A. Total Transfer   (Enter a range code** or estimate)   (Enter a range code** or estimate)   .   .   .   2.   3.   4.   SECTION 7A. ON-SITE WASTE TREATMENT I   Not Applicable (NA) - Check here if no on-site waste   . </td <td>ent company? Yes No Section No C. Basis of Estimate (Enter code) C.</td> <td>. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) . M</td>	ent company? Yes No Section No C. Basis of Estimate (Enter code) C.	. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) . M
City Court   Sthis location under control of reporting facility or parent   A. Total Transfer (pounds/year*)   (Enter a range code** or estimate)   I.   I. <td>ent company? Yes No Section No C. Basis of Estimate (Enter code) C.</td> <td>. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) . M</td>	ent company? Yes No Section No C. Basis of Estimate (Enter code) C.	. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) . M
s this location under control of reporting facility or parer         A. Total Transfer       (pounds/year*)         (Enter a range code** or estimate)       B. B:         I.       1.         2.       2.         3.       3.         4.       4.         SECTION 7A. ON-SITE WASTE TREATMENT I         Not Applicable (NA) - Check here if no on-site waste         A. General Waste Stream       1         (Enter code)       7A.1a         7A.1a       7A.1b         3       6         7A.2a       7A.2b         3       6         7A.3a       7A.3b         3       6         7A.4a       7A.4b	ent company? Yes No Section No C. Basis of Estimate (Enter code) C.	. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) . M
A. Total Transfer (pounds/year*) (Enter a range code** or estimate)       B. B. (E         I.       1.         I.       2.         B.       3.         I.       2.         B.       3.         I.       4.         SECTION 7A. ON-SITE WASTE TREATMENT I         I.       A.         General Waste Stream (Enter code)       F         7A.1a       7A.1b         3       6         7A.2a       7A.2b         3       6         7A.3a       7A.3b         3       6         7A.4a       7A.4b	Basis of Estimate (Enter code)     C.       1.	Recycling/Energy Recovery (Enter code) M
(Enter a range code** or estimate)       (E         I.       1.         I.       2.         I.       3.         I.<	(Enter code) 1.	Recycling/Energy Recovery (Enter code) M
2.         3.         4.         SECTION 7A. ON-SITE WASTE TREATMENT I         Image: Stream (Enter code)         7A.1a         7A.1a         7A.2a         7A.2a         7A.2a         7A.3a         7A.3a         7A.3a         7A.4a         7A.4a         7A.4a         7A.4a		
.     3.       .     4.       SECTION 7A. ON-SITE WASTE TREATMENT I       .     . </td <td>2</td> <td></td>	2	
. 4. ECTION 7A. ON-SITE WASTE TREATMENT I Not Applicable (NA) - Check here if no on-site waste General Waste Stream (Enter code) 7A.1a 7A.1a 7A.1b 3 6 7A.2a 7A.2b 3 6 7A.3a 7A.3b 3 6 7A.4a 7A.4b 3 6	2.	. M
SECTION 7A. ON-SITE WASTE TREATMENT         Not Applicable (NA) - Check here if no on-site waste         . General Waste Stream (Enter code)         7A.1a       7A.1b         3       6         7A.2a       7A.2b         3       6         7A.3a       7A.3b         3       6         7A.4a       7A.4b         3       6	3.	. M
Not Applicable (NA) - Check here if no on-site waste   . General Waste Stream (Enter code) 7A.1a   7A.1a 7A.1b   3 6   7A.2a 7A.2b   3 6   7A.3a 7A.3b   3 6   7A.4a 7A.4b   3 6	4.	. М
. General Waste Stream (Enter code)       7A.1a       7A.1b       3         7A.1a       7A.1b       3       6         7A.2a       7A.2b       3       6         7A.2a       7A.2b       3       6         7A.3a       7A.3b       6       6         7A.4a       7A.4b       3       6         7A.4a       7A.4b       3       6	۲ METHODS AND EFFICIENCY	
. General Waste Stream (Enter code)       7A.1a       7A.1b       3         7A.1a       7A.1b       3       6         7A.2a       7A.2b       3       6         7A.3a       7A.3b       3       6         7A.3a       7A.3b       3       6         7A.4a       7A.4b       3       6         7A.4a       7A.4b       3       6	te treatment method is applied to any waste stream	containing the toxic chemical or chemical
3     6       7A.2a     7A.2b       3     6       7A.3a     7A.3b       7A.3a     7A.3b       3     6       7A.4a     7A.4b       3     6       7A.4a     7A.4b	b. Waste Treatment Method(s) Sequence (Enter 3-or 4-character code(s))	c. Waste Treatment Efficier (Enter 2 character code
6       7A.2a       7A.2b       3       6       7A.3a       7A.3b       3       6       7A.4a       3       6       7A.4a		7A.1c
7A.2a     7A.2b       3     6       7A.3a     7A.3b       3     6       7A.4a     7A.4b       3     6       6     7A.4a	4 5 8	
3     6       7A.3a     7A.3b       3     6       7A.4a     7A.4b       3     6       6     6	1 2	7A.2c
7A.3a     7A.3b       3	4 5	
3     6       7A.4a     7A.4b       3     6       6     6	7 8	
6 7A.4a 7A.4b 3 6 6	1 2	7A.3c
7A.4a         7A.4b           3         6	4 5 7 8	
3 6		7A.4c
6	4 5	/A.4C
	7 8	
7A.5a 7A.5b		7A.5c
3	1 2	
6		

\*\*Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

(IMPORTANT: Read instructions before completing form; type or use fill-and-print form)

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		FORM R				TRI Fac ility ID Nu	imber
	Part II. CHEMICAL-SPECIF		N (CONTINU	JED) Toxic Chemical, Category, or Gene			ategory, or Generic Name
SEC	TION 7B. ON-SITE ENERGY REC	OVERY PROCESSI	ES		I		
	NA Check here if no on-site energy r	ecovery is applied to an	y waste stream	containir	ng the toxic chemic	cal or chemical ca	tegory.
Energ	gy Recovery Methods (Enter 3-character	code(s)					
	1	2		3			
SEC	TION 7C. ON-SITE RECYLING P	ROCESSES					
	NA Check here if no on-site recycling	is applied to any waste	e stream contain	ing the t	toxic chemical or cl	hemical category.	
Recyc	cling Methods (Enter 3-character code(s)						
	<b></b>						
	1.	2.	3	5.			
SEC	TION 8. DISPOSAL OR OTHER F	ELEASES, SOURC	E REDUCTIO	N, ANI	D RECYCLING /	ACTIVITIES	
			Column A Prior Year (pounds/year	Co Cu	olumn B urrent Reporting ear (pounds/year*)	Column C Following Year	Column D Second Following Year (pounds/year*)
8.1			•			•	•
8.1a	Total on-site disposal to Class I Underg RCRA Subtitle C landfills, and other land						
8.1b	Total other on-site disposal or other rel	eases					
8.1c	Total off-site disposal to Class I Underg RCRA Subtitle C landfills, and other land						
8.1d	Total other off-site disposal or other rel	eases					
8.2 8.3	Quantity used for energy recovery on-s Quantity used for energy recovery off-s		$\mathbf{RN}$				++
8.4	Quantity recycled on-site						
8.5	Quantity recycled off-site		1				
8.6	Quantity treated on-site						
8.7	Quantity treated off-site						
8.8	Quantity released to the environment a events not associated with production			hic even	nts, or one-time		
8.9	Production ratio or activity index						
8.10	Did your facility engage in any newly ir If so, complete the following section; if	•	luction activities	for this o	chemical during the	e reporting year?	
	Source Reduction Activities (Enter code(s))		Me	thods to	ldentify Activity (E	nter code(s))	
8.10.	.1	a.		b.		с.	
8.10.	.2	a.		b.		с.	
8.10.	.3	a.		b.		с.	
8.10.4	.4	a.		b.		с.	

EPA form 9350 -1 (Rev. 10/2012) – Previous editions are obsolete.

\*For Dioxin or Dioxin-like compounds, report in grams/year.

			<b>A</b> 11	
(IMPORTANT: Read	instructions before	completing form.	type or use fill-and	-print form)
(Inter Offer Anter Thead	instructions before	. completing form,	cype of use fill and	

Form Approved OMB Number: 2025-0009 Approval Expires: 10/31/2014t

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FORM R	TRI Facility ID Number
Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	Toxic Chemical, Category, or Generic Name
SECTION 8.11. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND REC	YCLING ACTIVITIES
If you wish to submit additional optional information on source reduction, recycling, or pollution	o control activities, provide it here.
ECTION 9. MISCELLANEOUS INFORMATION	A submission, provide it here.

EPA form 9350 -1 (Rev. 10/2012) – Previous editions are obsolete.