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*LAUR:* LA-UR-14-23826  
*Date:* JUN 12 2014

## memorandum

*Environmental Protection Division*  
*Environmental Compliance Programs (ENV-CP)*

**SUBJECT: CONFIRMATION OF ELECTRONIC SUBMITTAL OF 2013 TOXIC CHEMICAL  
RELEASE INVENTORY REPORT TO USEPA**

Los Alamos National Laboratory (LANL) submitted their 2013 Toxic Chemical Release Inventory Report, Form R, to the EPA using the online reporting tool, TRIMEweb, for lead compounds. The report is required by Emergency Planning and Community Right-to-Know Act, Title III, Section 313. This year the EPA's deadline is July 1<sup>st</sup> and it was submitted on June 11<sup>th</sup>.

Should you have any questions or comments regarding the information provided in this report, please contact Steve Story at (505) 665-2169.

Enclosure: 2013 Toxic Chemical Release Inventory Report for the Emergency Planning and Community Right-to-Know Act, Title III, Section 313

AD/WW:tav

Cy:

Hai Shen, LASO-EO, w/enc., A316  
 Carl A. Beard, PADOPS, w/enc., A102  
 Michael T. Brandt, ADESH, w/enc., K491  
 Cynthia Blackwell, LC-LESH, w/enc., A187  
 Lorraine B. Lopez, CGA-COM, w/enc., M996  
 Yvonne M. Salaz, PCM-DO, w/enc., M722  
 Tina M. Sandoval, OIO-DO, w/enc., K481  
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 EPCRA Project File, w/enc., J978

# Enclosure

## 2013 Toxic Chemical Release Inventory Report for the Emergency Planning and Community Right-to-Know Act, Title III, Section 313

Electronic Submittal

**Form Status: Certified and Sent to USEPA**  
**Validation Status: Passed with Possible Errors**

Form Approved OMB Number: 2025-0009  
 Approval Expires:

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

<b>EPA</b> United States Environmental Protection Agency		<h1>FORM R</h1>		TRI Facility ID Number <b>87545LSLMSLOSAL</b>	
Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.		Toxic Chemical, Category, or Generic Name Lead Compounds			
WHERE TO SEND COMPLETED FORMS:	1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 <b>*** File Copy Only: Do Not Submit Paper Form to EPA ***</b>			2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [ ][ ]		Withdrawal (Enter up to two code(s)) [ ][ ]	
Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR: <b>2013</b>					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer questions 2.2; attach substantiation forms) <input checked="" type="checkbox"/> NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "Yes" in 2.1)			
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)					
I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.					
Name and official title of owner/operator or senior management official:		Signature:		Date Signed:	
<b>File Copy Only: Do Not Submit Paper Form to EPA</b>		<b>File Copy Only: Do Not Submit Paper Form to EPA</b>		<b>XX/XX/XXXX</b>	
SECTION 4. FACILITY IDENTIFICATION					
4.1	Facility or Establishment Name <b>Los Alamos National Security, LLC, Los Alamos National Lab</b>		TRI Facility ID Number <b>87545LSLMSLOSAL</b>		
Street <b>Bikini Atoll Rd SM30</b>		Mailing Address (if different from physical street address) <b>PO Box 1663</b>			
City/County/Tribe/State/ZIP Code <b>LOS ALAMOS / Los Alamos / BIA Code: /NM / 87545</b>		City/State/ZIP Code <b>Los Alamos /NM / 87545</b>		Country (Non-US)	
4.2	This report contains information for : (Important: check a or b; check c or d if applicable)		a. <input checked="" type="checkbox"/> An Entire facility	b. <input type="checkbox"/> Part of a facility	c. <input type="checkbox"/> A Federal facility
			d. <input checked="" type="checkbox"/> GOCO		
4.3	Technical Contact name <b>STEVE STORY</b>	Email Address <b>STORY@LANL.GOV</b>		Telephone Number (include area code) <b>5058652169</b>	
4.4	Public Contact name <b>LORRIE BONDS LOPEZ</b>	Email Address <b>LORRIEL@LANL.GOV</b>		Telephone Number (include area code) <b>5058670216</b>	
4.5	NAICS Code(s) (6 digits) a. <b>928110 (Primary)</b>	b.	c.	d.	e. f.
4.6	Dun and Bradstreet Number(s) (9 digits) a. <b>NA</b> b.				
SECTION 5. PARENT COMPANY INFORMATION					
5.1	Name of U.S. Parent Company (for TRI Reporting purposes) <b>U.S. Department of Energy</b>		No U.S. Parent Company (for TRI Reporting purposes) <input type="checkbox"/>		
5.2	Parent Company's Dun & Bradstreet Number <b>NA <input checked="" type="checkbox"/></b>				

<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION</b>		TRI Facility ID Number <b>87545LSLMSLOSAL</b>		
		Toxic Chemical, Category, or Generic Name <b>Lead Compounds</b>		
<b>SECTION 1. TOXIC CHEMICAL IDENTITY</b> (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)				
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) <b>N420</b>			
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) <b>Lead Compounds</b>			
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.) <b>NA</b>			
<b>SECTION 2. MIXTURE COMPONENT IDENTITY</b> (Important: DO NOT complete this section if you completed Section 1 above.)				
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) <b>NA</b>			
<b>SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY</b> (Important: Check all that apply.)				
3.1	Manufacture the toxic chemical: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import  If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	3.2	Process the toxic chemical: a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input checked="" type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity	
		3.3	Otherwise use the toxic chemical: a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input checked="" type="checkbox"/> Ancillary or other use	
<b>SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR</b>				
4.1	[ <b>05</b> ] (Enter two-digit code from instruction package.)			
<b>SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE</b>				
		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions NA [ ]	<b>3</b>	<b>C</b>	
5.2	Stack or point air emissions NA [ ]	<b>0.72</b>	<b>E1</b>	
5.3	Discharges to receiving streams or water bodies (Enter one name per box) Stream or Water Body Name			
5.3.1	<b>Sandia Tributary to Rio Grande</b>	<b>0.248</b>	<b>M2</b>	<b>0%</b>
5.3.2	<b>Mortandad Tributary to Rio Grande</b>	<b>0.006</b>	<b>M2</b>	<b>0%</b>
5.3.3	<b>Los Alamos Tributary to Rio Grande</b>	<b>0.04</b>	<b>M2</b>	<b>0%</b>

EPA Form 9350-1 (Rev. ) - Previous editions are obsolete.

\*For Dioxin and Dioxin-like Compounds, report in grams/year  
 \*\*Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

**EPA FORM R  
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

87545LSLMSLOSAL

Toxic Chemical, Category, or Generic Name

Lead Compounds

**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)**

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4.1	Underground injection on-site to Class I wells	[X]		
5.4.2	Underground injection on-site to Class II-V wells	[X]		
5.5	Disposal to land on-site			
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfill	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[ ]	2001.5	C

**SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS**

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA [X]

\*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA Form 9350-1 (Rev. ) - Previous editions are obsolete.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)								TRI Facility ID Number	
								87545LSLMSLOSAL	
								Toxic Chemical, Category, or Generic Name	
								Lead Compounds	
6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS								NA []	
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)								UTD982598898	
Off-Site Location Name:								ENERGYSOLUTIONS AKA ENVIROCARE OF UTAH	
Off-Site Address:								46 WEST BROADWAY	
City	SALT LAKE CITY	County	Salt Lake	State	UT	Zip	841012028	Country (Non-US)	
Is location under control of reporting facility or parent company?								[] Yes [X] No	
A. Total Transfer (pounds/year*) (Enter range code** or estimate)			B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)				
1. 3049			1. 0		1. M65				
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)								CAD008488025	
Off-Site Location Name:								PHIBRO-TECH	
Off-Site Address:								8851 DICE RD	
City	SANTA FE SPRINGS	County	Los Angeles	State	CA	Zip	90670	Country (Non-US)	
Is location under control of reporting facility or parent company?								[] Yes [X] No	
A. Total Transfer (pounds/year*) (Enter range code** or estimate)			B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)				
1. 1.1			1. 0		1. M24				
6.2.3 Off-Site EPA Identification Number (RCRA ID No.)								UTD981552177	
Off-Site Location Name:								CLEAN HARBORS ARAGONITE LLC	
Off-Site Address:								11600 NORTH APTUS ROAD	
City	GRANTSVILLE	County	Tooele	State	UT	Zip	84029	Country (Non-US)	
Is location under control of reporting facility or parent company?								[] Yes [X] No	
A. Total Transfer (pounds/year*) (Enter range code** or estimate)			B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)				
1. 133			1. 0		1. M41				
6.2.4 Off-Site EPA Identification Number (RCRA ID No.)								ARD069748192	
Off-Site Location Name:								CLEAN HARBORS EL DORADO LLC	
Off-Site Address:								309 AMERICAN CIRCLE	
City	EL DORADO	County	Union	State	AR	Zip	71730	Country (Non-US)	
Is location under control of reporting facility or parent company?								[] Yes [X] No	
A. Total Transfer (pounds/year*) (Enter range code** or estimate)			B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)				
1. .2			1. 0		1. M65				
6.2.5 Off-Site EPA Identification Number (RCRA ID No.)								COD980591184	
Off-Site Location Name:								VEOLIA ES TECHNICAL SOLUTIONS LLC	
Off-Site Address:								9131 EAST 96TH AVENUE	
City	HENDERSON	County	Adams	State	CO	Zip	806408495	Country (Non-US)	
Is location under control of reporting facility or parent company?								[] Yes [X] No	

A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)					
1..1		1.O		1.M64					
6.2.6 Off-Site EPA Identification Number (RCRA ID No.)				FLD980711071					
Off-Site Location Name:				PERMA-FIX OF FLORIDA INC.					
Off-Site Address:				1840 NW 67TH PLACE					
City	GAINESVILLE	County	Alachua	State	FL	Zip	32653	Country (Non-US)	
Is location under control of reporting facility or parent company?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)					
1.604		1.O		1.M65					
6.2.7 Off-Site EPA Identification Number (RCRA ID No.)				NVT330010000					
Off-Site Location Name:				US ECOLOGY NEVADA INC					
Off-Site Address:				HIGHWAY 95					
City	BEATTY	County	Nye	State	NV	Zip	89003	Country (Non-US)	
Is location under control of reporting facility or parent company?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)					
1.2		1.O		1.M65					
6.2.8 Off-Site EPA Identification Number (RCRA ID No.)				TXD988088464					
Off-Site Location Name:				WASTE CONTROL SPECIALISTS LLC					
Off-Site Address:				9998 HIGHWAY 176 WEST					
City	ANDREWS	County	Andrews	State	TX	Zip	79714	Country (Non-US)	
Is location under control of reporting facility or parent company?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)					
1.10334		1.O		1.M64					
6.2.9 Off-Site EPA Identification Number (RCRA ID No.)				TNR000005397					
Off-Site Location Name:				MATERIALS & ENERGY CORP					
Off-Site Address:				E.TENNESSEE TECH.PK 2010 HWY.58 BLDG.K-1005					
City	OAK RIDGE	County	Roane	State	TN	Zip	37830	Country (Non-US)	
Is location under control of reporting facility or parent company?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)					
1.16		1.O		1.M65					
6.2.10 Off-Site EPA Identification Number (RCRA ID No.)				NM4890139088					
Off-Site Location Name:				WASTE ISOLATION PILOT PLANT					
Off-Site Address:				30M SE OF CARLSBAD ON STATE HWY 128					
City	CARLSBAD	County	Eddy	State	NM	Zip	88221	Country (Non-US)	
Is location under control of reporting facility or parent company?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)					
1.218.84		1.O		1.M41					
6.2.11 Off-Site EPA Identification Number (RCRA ID No.)				WAR000010355					
Off-Site Location Name:				PERMA-FIX NORTHWEST RICHLAND INC					
Off-Site Address:				2025 BATTELLE BOULEVARD					

City	<b>RICHLAND</b>	County	<b>Benton</b>	State	<b>WA</b>	Zip	<b>99354</b>	Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)					
1. 263		1. O		1. M64					
<b>SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY</b>									
<input type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.									
a. General Waste Stream (Enter code)	b. Waste Treatment Method(s) Sequence (Enter 3- or 4-character code(s))			c. Waste Treatment Efficiency (Enter 2 character code)					
<b>7A.1a</b>	<b>7A.1b</b>			<b>7A.1c</b>					
<b>W</b>	<b>2: H123 3: H077 4: H082 5: H124 6: H129 7: H122</b>			<b>E3</b>					
<b>7A.2a</b>	<b>7A.2b</b>			<b>7A.2c</b>					
<b>S</b>	<b>2: H101</b>			<b>E6</b>					

\*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA Form 9350-1 (Rev. ) - Previous editions are obsolete.



**EPA FORM R  
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

87545LSLMSLOSAL

Toxic Chemical, Category, or Generic Name

Lead Compounds

**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**  
 NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.  
 Energy Recovery Methods [Enter 3-character code(s)]

**SECTION 7C. ON-SITE RECYCLING PROCESSES**  
 NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.  
 Recycling Methods [Enter 3-character code(s)]

**SECTION 8. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVITIES**

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	3864.774	2005.514	2500	2500
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	1286.4	14266.5	3000	3000
8.1d	Total other off-site disposal or other releases	1089.3	351.84	1000	1000
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	.8	1.1	1	1
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)		NA		
8.9	Production ratio or activity index		0.55		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA <input checked="" type="checkbox"/>		
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			
8.10.1	NA				

EPA Form 9350-1 (Rev. ) - Previous editions are obsolete.

\*For Dioxin and Dioxin-like Compounds, report in grams/year

<b>TRI Facility ID Number</b>
87545LSLMSLOSAL
<b>Toxic Chemical, Category, or Generic Name</b>
<b>Lead Compounds</b>

<b>Additional optional information on source reduction, recycling, or pollution control activities.</b>

<b>Miscellaneous, additional, or optional information regarding the Form R submission</b>

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

<b>EPA</b> United States Environmental Protection Agency	<h1>FORM R</h1> <p>Section 313 of the Emergency Planning and Community Right-to-know Act of 1986,                  also known as Title III of the Superfund Amendments and Reauthorization Act.</p>	TRI Facility ID Number
		<b>87544SDL52835</b>
		Toxic Chemical, Category, or Generic Name
		<b>Lead Compounds</b>

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 <b>*** File Copy Only: Do Not Submit Paper Form to EPA ***</b>	2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)
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This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ] [ ] [ ]	Withdrawal (Enter up to two code(s)) [ ] [ ] [ ]
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Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2013**

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer questions 2.2; attach substantiation forms) <input checked="" type="checkbox"/> NO (Do not answer 2.2; go to Section 3)	2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "Yes" in 2.1)
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SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
<b>File Copy Only: Do Not Submit Paper Form to EPA</b>	<b>File Copy Only: Do Not Submit Paper Form to EPA</b>	<b>XX/XX/XXXX</b>

SECTION 4. FACILITY IDENTIFICATION

4.1	TRI Facility ID Number	<b>87544SDL52835</b>
Facility or Establishment Name <b>U.S. Department of Energy, Los Alamos National Laboratory</b>		
Street <b>3747 West Jemez Road, TA-3, Bldg. 1410, MS-A316</b>		Mailing Address (if different from physical street address)
City/County/Tribal/State/ZIP Code <b>Los Alamos / Los Alamos / BIA Code: / NM / 87544</b>		Country (Non-US) / /

4.2	This report contains information for : (Important: check a or b; check c or d if applicable)	a. <input checked="" type="checkbox"/> An Entire facility	b. <input type="checkbox"/> Part of a facility	c. <input checked="" type="checkbox"/> A Federal facility	d. <input type="checkbox"/> GOCO
-----	-------------------------------------------------------------------------------------------------	-----------------------------------------------------------	------------------------------------------------	-----------------------------------------------------------	----------------------------------

4.3	Technical Contact name	<b>GENE TURNER</b>	Email Address <b>GENE.TURNER@NNSA.DOE.GOV</b>	Telephone Number (include area code) <b>5056675794</b>
-----	------------------------	--------------------	--------------------------------------------------	-----------------------------------------------------------

4.4	Public Contact name	<b>GENE TURNER</b>	Email Address <b>GENE.TURNER@NNSA.DOE.GOV</b>	Telephone Number (include area code) <b>5056675794</b>
-----	---------------------	--------------------	--------------------------------------------------	-----------------------------------------------------------

4.5	NAICS Code(s) (6 digits)	a. <b>928110 (Primary)</b>	b.	c.	d.	e.	f.
-----	--------------------------	----------------------------	----	----	----	----	----

4.6	Dun and Bradstreet Number(s) (9 digits)	a. <b>NA</b>	b.
-----	-----------------------------------------	--------------	----

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	<b>US DEPARTMENT OF ENERGY</b>	No U.S. Parent Company (for TRI Reporting purposes) <input type="checkbox"/>
-----	----------------------------------------------------------	--------------------------------	------------------------------------------------------------------------------

5.2	Parent Company's Dun & Bradstreet Number	<b>NA <input checked="" type="checkbox"/></b>
-----	------------------------------------------	-----------------------------------------------

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION		TRI Facility ID Number		
		87544SDLSL52835		
		Toxic Chemical, Category, or Generic Name		
		Lead Compounds		
SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)				
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)			
	N420			
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)			
	Lead Compounds			
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive).			
	NA			
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)				
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.)			
	NA			
SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY (Important: Check all that apply.)				
3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	
	a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import			
	If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input checked="" type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity	
		3.3	Otherwise use the toxic chemical:	
			a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input checked="" type="checkbox"/> Ancillary or other use	
SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR				
4.1	[ 05 ] (Enter two-digit code from instruction package.)			
SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE				
		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [ ] 3	C	
5.2	Stack or point air emissions	NA [ ] 0.72	E1	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [ ]		
	Stream or Water Body Name			
5.3.1	Sandia Tributary to Rio Grande	0.248	M2	0%
5.3.2	Mortandad Tributary to Rio Grande	0.006	M2	0%
5.3.3	Los Alamos Tributary to Rio Grande	0.04	M2	0%

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)		TRI Facility ID Number	
		87544SDL52835	
		Toxic Chemical, Category, or Generic Name	
		Lead Compounds	
SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)			
	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4.1	<input checked="" type="checkbox"/>		
5.4.2	<input checked="" type="checkbox"/>		
5.5			
5.5.1.A	<input checked="" type="checkbox"/>		
5.5.1.B	<input checked="" type="checkbox"/>		
5.5.2	<input checked="" type="checkbox"/>		
5.5.3A	<input checked="" type="checkbox"/>		
5.5.3B	<input checked="" type="checkbox"/>		
5.5.4	<input type="checkbox"/>	2001.5	C
SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS			
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)		NA <input checked="" type="checkbox"/>	

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<b>EPA FORM R</b>							TRI Facility ID Number	
<b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>							87544SDL52835	
							Toxic Chemical, Category, or Generic Name	
							Lead Compounds	
6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS							NA []	
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)							CAD008488025	
Off-Site Location Name:							PHIBRO-TECH	
Off-Site Address:							8851 DICE RD	
City	SANTA FE SPRINGS	County	Los Angeles	State	CA	Zip	90670	Country (Non-US)
Is location under control of reporting facility or parent company?							[] Yes [X] No	
A. Total Transfer (pounds/year*) (Enter range code** or estimate)			B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)			
1. 1.1			1. O		1. M24			
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)							NM4890139088	
Off-Site Location Name:							WASTE ISOLATION PILOT PLANT	
Off-Site Address:							30M SE OF CARLSBAD ON STATE HWY 128	
City	CARLSBAD	County	Eddy	State	NM	Zip	88221	Country (Non-US)
Is location under control of reporting facility or parent company?							[] Yes [X] No	
A. Total Transfer (pounds/year*) (Enter range code** or estimate)			B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)			
1. 218.84			1. O		1. M41			
6.2.3 Off-Site EPA Identification Number (RCRA ID No.)							TNR000005397	
Off-Site Location Name:							MATERIALS & ENERGY CORP	
Off-Site Address:							E.TENNESSEE TECH.PK 2010 HWY.58 BLDG.K-1005	
City	OAK RIDGE	County	Roane	State	TN	Zip	37830	Country (Non-US)
Is location under control of reporting facility or parent company?							[] Yes [X] No	
A. Total Transfer (pounds/year*) (Enter range code** or estimate)			B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)			
1. 16			1. O		1. M65			
6.2.4 Off-Site EPA Identification Number (RCRA ID No.)							NVT330010000	
Off-Site Location Name:							US ECOLOGY NEVADA INC	
Off-Site Address:							HIGHWAY 95	
City	BEATTY	County	Nye	State	NV	Zip	89003	Country (Non-US)
Is location under control of reporting facility or parent company?							[] Yes [X] No	
A. Total Transfer (pounds/year*) (Enter range code** or estimate)			B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)			
1. .2			1. O		1. M65			
6.2.5 Off-Site EPA Identification Number (RCRA ID No.)							UTD981552177	
Off-Site Location Name:							CLEAN HARBORS ARAGONITE LLC	
Off-Site Address:							11600 NORTH APTUS ROAD	
City	GRANTSVILLE	County	Tooele	State	UT	Zip	84029	Country (Non-US)
Is location under control of reporting facility or parent company?							[] Yes [X] No	

A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)					
1. 133		1. O		1. M41					
6.2.6 Off-Site EPA Identification Number (RCRA ID No.)				ARD069748192					
Off-Site Location Name:				CLEAN HARBORS EL DORADO LLC					
Off-Site Address:				309 AMERICAN CIRCLE					
City	EL DORADO	County	Union	State	AR	Zip	71730	Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ X ] No			
A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)					
1. 2		1. O		1. M65					
6.2.7 Off-Site EPA Identification Number (RCRA ID No.)				FLD980711071					
Off-Site Location Name:				PERMA-FIX OF FLORIDA INC.					
Off-Site Address:				1940 NW 67TH PLACE					
City	GAINESVILLE	County	Alachua	State	FL	Zip	32653	Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ X ] No			
A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)					
1. 604		1. O		1. M65					
6.2.8 Off-Site EPA Identification Number (RCRA ID No.)				TXD988088464					
Off-Site Location Name:				WASTE CONTROL SPECIALISTS LLC					
Off-Site Address:				9998 HIGHWAY 176 WEST					
City	ANDREWS	County	Andrews	State	TX	Zip	79714	Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ X ] No			
A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)					
1. 10334		1. O		1. M64					
6.2.9 Off-Site EPA Identification Number (RCRA ID No.)				COD980591184					
Off-Site Location Name:				VEOLIA ES TECHNICAL SOLUTIONS LLC					
Off-Site Address:				9131 EAST 96TH AVENUE					
City	HENDERSON	County	Adams	State	CO	Zip	806408495	Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ X ] No			
A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)					
1. 1		1. O		1. M64					
6.2.10 Off-Site EPA Identification Number (RCRA ID No.)				WAR00010355					
Off-Site Location Name:				PERMA-FIX NORTHWEST RICHLAND INC					
Off-Site Address:				2025 BATTELLE BOULEVARD					
City	RICHLAND	County	Benton	State	WA	Zip	99354	Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ X ] No			
A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)					
1. 263		1. O		1. M64					
6.2.11 Off-Site EPA Identification Number (RCRA ID No.)				UTD982598898					
Off-Site Location Name:				ENERGYSOLUTIONS AKA ENVIROCARE OF UTAH					
Off-Site Address:				46 WEST BROADWAY					

City	<b>SALT LAKE CITY</b>	County	<b>Salt Lake</b>	State	<b>UT</b>	Zip	<b>84101</b>	Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ <b>X</b> ] No			
A. Total Transfer (pounds/year*) (Enter range code** or estimate)			B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)				
1. <b>3049</b>			1. <b>O</b>		1. <b>M65</b>				
<b>SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY</b>									
[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.									
a. General Waste Stream (Enter code)	b. Waste Treatment Method(s) Sequence (Enter 3- or 4-character code(s))					c. Waste Treatment Efficiency (Enter 2 character code)			
<b>7A.1a</b>	<b>7A.1b</b>					<b>7A.1c</b>			
<b>W</b>	2: <b>H123</b> 3: <b>H077</b> 4: <b>H082</b> 5: <b>H124</b> 6: <b>H129</b> 7: <b>H122</b>					<b>E3</b>			
<b>7A.2a</b>	<b>7A.2b</b>					<b>7A.2c</b>			
<b>S</b>	2: <b>H101</b>					<b>E6</b>			

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**EPA FORM R  
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

**87544SDLSL52835**

Toxic Chemical, Category, or Generic Name

**Lead Compounds**

**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

[ **X** ] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.  
Energy Recovery Methods [Enter 3-character code(s)]

**SECTION 7C. ON-SITE RECYCLING PROCESSES**

[ **X** ] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.  
Recycling Methods [Enter 3-character code(s)]

**SECTION 8. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVITIES**

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	3664.774	2005.514	2500	2500
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	1286.4	14266.5	3000	3000
8.1d	Total other off-site disposal or other releases	1089.3	351.84	1000	1000
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	.8	1.1	1	1
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)		NA		
8.9	Production ratio or activity index		0.55		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [X]		
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			
8.10.1	NA				

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Additional optional information on source reduction, recycling, or pollution control activities.

Miscellaneous, additional, or optional information regarding the Form R submission