

LA-UR-20-23690

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Title: 2019 Toxic Chemical Release Inventory Report for the Emergency
Planning and Community Right-To-Know Act of 1986, Title III, Section
313

Author(s): Whetham, Walter Wiley

Intended for: Environmental Regulatory Document

Issued: 2020-06-16 (rev.1)

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***Environmental Protection & Compliance
Division***

Los Alamos National Laboratory
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Los Alamos, NM 87545
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Symbol: EPC-DO: 20-160
LAUR: 20-23690
Date: 4 JUN 2020

Ms. Adrienne L. Nash
National Security Missions
Los Alamos Field Office, A316
National Nuclear Security Administration
Los Alamos, NM 87545

Subject: 2019 Toxic Chemical Release Inventory Report for the Emergency Planning and Community Right-To-Know Act of 1986, Title III, Section 313

Dear Ms. Nash:

The 2019 Toxic Chemical Release Inventory Report, Form R, for Los Alamos National Laboratory (LANL) was submitted to the Environmental Protection Agency (EPA) using the online reporting tool, TRIMEweb. For 2019, lead and mercury are the only reportable chemicals. Per the Service Agreement/Work Authorization for Environmental Services (SAWA #M&O-003), Triad prepared and submitted the Form R with data input and concurrence from N3B. 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 1st and the report was submitted electronically on June 2nd, 2020.

Should you have questions or comments regarding the information provided in this report, please contact Walt Whetham at (505) 665-8885.

Sincerely,

A handwritten signature in blue ink, appearing to read 'A. Dailey'.

Aaron M. Dailey
MAQ Team Leader

AD/WW:jdm

Attachment(s): Attachment 1 2019 Toxic Chemical Release Inventory Report for the Emergency Planning and Community Right-to-Know Act, Title III, Section 313

Copy: Karen E. Armijo, LASO-MA-LS, karen.armijo.nash@nnsa.doe.gov
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Page 1 of 5

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

| | | | | | |
|--|--|--|---|---|--|
| EPA United States Environmental Protection Agency | | FORM R 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. | | TRI Facility ID Number 87544SDL52835 | |
| 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: 2019 | | | | | |
| SECTION 2. TRADE SECRET INFORMATION | | | | | |
| 2.1 | Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 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: Adrienne Nash General Engineer | | Signature: Reference Copy: Copy of Record Resides in CDX | | Date Signed: 2020-06-10 | |
| SECTION 4. FACILITY IDENTIFICATION | | | | | |
| 4.1 | Facility or Establishment Name U.S. DEPARTMENT OF ENERGY, LOS ALAMOS NATIONAL LABORATORY | | TRI Facility ID Number 87544SDL52835 | | BIA Code |
| | Street 3747 W JEMEZ RD | | | Facility or Establishment Mailing Address (if different from physical street address) | |
| | City/County/State/ZIP Code LOS ALAMOS / Los Alamos / NM / 87544 | | City/State/ZIP Code / / | | 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 |
| 4.3 | Technical Contact name Adrienne Nash | Email Address adrienne.nash@nnsa.doe.gov | | Telephone Number (include area code and ext.) 505-665-5026 | |
| 4.4 | Public Contact name Adrienne Nash | Email Address adrienne.nash@nnsa.doe.gov | | Telephone Number (include area code and ext.) 505-665-5026 | |
| 4.5 | NAICS Code(s) (6 digits) | a. 928110 (Primary) | b. | c. | d. |
| 4.6 | Dun and Bradstreet Number(s) (9 digits) | | | | |
| | a. NA b. | | | | |
| SECTION 5. PARENT COMPANY INFORMATION | | | | | |
| 5.1 | Name of U.S. Parent Company (for TRI Reporting purposes) | | US DEPARTMENT OF ENERGY | | No U.S. Parent Company (for TRI Reporting purposes) <input type="checkbox"/> |
| 5.2 | Parent Company's Dun & Bradstreet Number | | NA <input checked="" type="checkbox"/> | | |

***** Do not send to EPA: This is the final copy of your form.*****

| | |
|--|--|
| <p>EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION</p> | TRI Facility ID Number 87544SDLSL52835 Toxic Chemical, Category, or Generic Name Lead |
|--|--|

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.) 007439921 |
| 1.2 | Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Lead |
| 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.)

| | |
|-----|--|
| 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: 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 Sub-Uses: b. <input type="checkbox"/> As a formulation component Sub-Uses: c. <input type="checkbox"/> As an article component d. <input checked="" type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity f. <input type="checkbox"/> Recycling | 3.3 Otherwise use the toxic chemical: a. <input type="checkbox"/> As a chemical processing aid Sub-Uses: b. <input type="checkbox"/> As a manufacturing aid Sub-Uses: c. <input checked="" type="checkbox"/> Ancillary or other use Sub-Uses: Z399 |
|---|--|---|

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 <input type="checkbox"/> | 3.2 | C | |
| 5.2 | Stack or point air emissions | NA <input type="checkbox"/> | 0.49 | E1 | |
| 5.3 | Discharges to receiving streams or water bodies (Enter one name per box) | NA <input type="checkbox"/> | | | |
| | Stream or Water Body Name | Reach Code (optional) | | | |
| 5.3.1 | Sandia Tributary to Rio Grande | | 0.178 | M2 | 0% |
| 5.3.2 | Mortandad Tributary to Rio Grande | | 0.01 | M2 | 0% |
| 5.3.3 | Los Alamos Tributary to Rio Grande | | 0.054 | M2 | 0% |

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

***** Do not send to EPA: This is the final copy of your form.*****

| | |
|--|--|
| <p>EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</p> | TRI Facility ID Number 87544SDLSL52835 |
| | Toxic Chemical, Category, or Generic Name Lead |

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) |
|----------------------------------|--|-----|--|-----------------------------------|
| 5.4-5.5 Disposal to land on-site | | | | |
| 5.4.1 | Class I Underground Injection wells | [X] | | |
| 5.4.2 | Class II-V Underground Injection wells | [X] | | |
| 5.5.1.A | RCRA subtitle C landfills | [X] | | |
| 5.5.1.B | Other landfills | [X] | | |
| 5.5.2 | Land treatment/application farming | [X] | | |
| 5.5.3.A | RCRA Subtitle C surface impoundments | [X] | | |
| 5.5.3.B | Other surface impoundments | [X] | | |
| 5.5.4 | Other disposal | [] | 1845 | C |

Optional Waste Rock Piles Information
 You may check this box if your Section 5.5 quantities include "waste rock piles." [] Enter quantity of "waste rock piles" (pounds/year*)

| | |
|---|--------|
| 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.

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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 | |
| SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS | | | |
| | | NA <input type="checkbox"/> | |
| 6.2.1 Off-Site EPA Identification Number (RCRA ID No.) | | WAR000010355 | |
| Off-Site Location Name: | | PERMA FIX NORTHWEST RICHLAND INC | |
| Off-Site Address: | | 2025 BATTELLE BLVD | |
| City | RICHLAND | County | Benton |
| State | WA | ZIP | 99354 |
| | | 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. 4.1 | 1. O | 1. M64 | |
| 6.2.2 Off-Site EPA Identification Number (RCRA ID No.) | | NV3890090001 | |
| Off-Site Location Name: | | U. S. DOE, NNSA/NFO | |
| Off-Site Address: | | NEVADA NATIONAL SECURITY SITE | |
| City | MERCURY | County | Nye |
| State | NV | ZIP | 89023 |
| | | 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. 0.5 | 1. O | 1. M94 | |
| 6.2.3 Off-Site EPA Identification Number (RCRA ID No.) | | NMD986683563 | |
| Off-Site Location Name: | | WASTE MGMT OF NEW MEXICO | |
| Off-Site Address: | | 402 INDUSTRIAL PARK LOOP NE | |
| City | RIO RANCHO | County | Sandoval |
| State | NM | ZIP | 87124 |
| | | 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. 0.3 | 1. O | 1. M64 | |
| 6.2.4 Off-Site EPA Identification Number (RCRA ID No.) | | COD980591184 | |
| Off-Site Location Name: | | VEOLIA ES TECHNICAL SOLUTIONS LLC | |
| Off-Site Address: | | 9131 E96TH AVE | |
| City | HENDERSON | County | Adams |
| State | CO | ZIP | 80640 |
| | | 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. 462.4 | 1. O | 1. M64 | |
| 6.2.5 Off-Site EPA Identification Number (RCRA ID No.) | | NM4890139088 | |
| Off-Site Location Name: | | U.S. DOE WASTE ISOLATION PILOT PLANT | |
| Off-Site Address: | | 30 MILES EAST OF CARLSBAD ON | |
| City | CARLSBAD | County | Eddy |
| State | NM | ZIP | 88220 |
| | | 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. 2913.3 | 1. O | 1. M41 | |
| 6.2.6 Off-Site EPA Identification Number (RCRA ID No.) | | TXD988088464 | |
| Off-Site Location Name: | | WASTE CONTROL SPECIALISTS | |
| Off-Site Address: | | 9998 W STATE HIGHWAY 176 | |

| | | | | | | | | | |
|---|---|--------|--------------------------------------|-------|--|--|--------------|---------------------|--|
| 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. 51.8 | | | 1. O | | 1. M64 | | | | |
| 6.2.7 Off-Site EPA Identification Number (RCRA ID No.) | | | | | | UTD982598898 | | | |
| Off-Site Location Name: | | | | | | ENERGYSOLUTIONS CLIVE FACILITY | | | |
| Off-Site Address: | | | | | | U.S. INTERSTATE 80, EXIT 49, FIVE M | | | |
| 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. 12468.6 | | | 1. O | | 1. M65 | | | | |
| SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY | | | | | | | | | |
| [] 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-character code(s)] | | | | | c. Waste Treatment Efficiency Estimate | | | |
| 7A.1 a | 7A.1 b | | | | | 7A.1 c | | | |
| W | 2: H123 3: H077 4: H082 5: H124 6: H129 7: H122 | | | | | E3 | | | |
| 7A.2 a | 7A.2 b | | | | | 7A.2 c | | | |
| S | 2: H101 | | | | | E6 | | | |

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| <p>EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</p> | TRI Facility ID Number 87544SDLSL52835 |
| | Toxic Chemical, Category, or Generic Name Lead |

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. SOURCE REDUCTION AND WASTE MANAGEMENT | | 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 - 8.7 Production-Related Waste Managed | | | | | |
| 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 | 1142.439 | 1848.932 | 1500 | 1500 |
| 8.1c | Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills | 17405.6 | 12987.2 | 5000 | 5000 |
| 8.1d | Total other off-site disposal or other releases | 13.5 | 2913.8 | 100 | 100 |
| 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 | NA | NA | NA | NA |
| 8.6 | Quantity treated on-site | NA | NA | NA | NA |
| 8.7 | Quantity treated off-site | NA | NA | NA | NA |
| 8.8 | Non-production-related waste managed** | | NA | | |
| 8.9 | [] Production ratio or <input checked="" type="checkbox"/> Activity ratio (select one and enter value to right) | | 1.29 | | |
| 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)) | | | Estimated annual reduction (Enter code(s)) (optional) |
| 8.10.1 | NA | | | | |

*For Dioxin and Dioxin-like Compounds, report in grams/year
 ** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number

87544SDL52835

Toxic Chemical, Category, or Generic Name

Lead

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

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.

| Topic | Comment |
|-------|---------|
|-------|---------|

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.

| Topic | Comment |
|-------|---------|
|-------|---------|

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Approval Expires: **2021-10-31**

Page 1 of 5

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| | | | | | | | |
|---|--|--|---|--|--|----------------------------------|----|
| EPA United States Environmental Protection Agency | | FORM R 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. | | TRI Facility ID Number 87544SDL52835 | | | |
| | | | | Toxic Chemical, Category, or Generic Name Mercury | | | |
| 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: 2019 | | | | | | | |
| SECTION 2. TRADE SECRET INFORMATION | | | | | | | |
| 2.1 | Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 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: Adrienne Nash General Engineer | | Signature: Reference Copy: Copy of Record Resides in CDX | | Date Signed: 2020-06-10 | | | |
| SECTION 4. FACILITY IDENTIFICATION | | | | | | | |
| 4.1 | Facility or Establishment Name U.S. DEPARTMENT OF ENERGY, LOS ALAMOS NATIONAL LABORATORY | | TRI Facility ID Number 87544SDL52835 | | BIA Code | | |
| | Street 3747 W JEMEZ RD | | Facility or Establishment Mailing Address (if different from physical street address) | | | | |
| | City/County/State/ZIP Code LOS ALAMOS / Los Alamos / NM / 87544 | | City/State/ZIP Code / / | | 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"/> GOOC | |
| 4.3 | Technical Contact name Adrienne Nash | Email Address adrienne.nash@nnsa.doe.gov | | Telephone Number (include area code and ext.) 505-665-5026 | | | |
| 4.4 | Public Contact name Adrienne Nash | Email Address adrienne.nash@nnsa.doe.gov | | Telephone Number (include area code and ext.) 505-665-5026 | | | |
| 4.5 | NAICS Code(s) (6 digits) | a. 928110 (Primary) | b. | c. | d. | e. | f. |
| 4.6 | Dun and Bradstreet Number(s) (9 digits) | | | | | | |
| | a. NA b. | | | | | | |
| SECTION 5. PARENT COMPANY INFORMATION | | | | | | | |
| 5.1 | Name of U.S. Parent Company (for TRI Reporting purposes) | | US DEPARTMENT OF ENERGY | | No U.S. Parent Company (for TRI Reporting purposes) <input type="checkbox"/> | | |
| 5.2 | Parent Company's Dun & Bradstreet Number | | NA <input checked="" type="checkbox"/> | | | | |

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| | |
|--|---|
| <p>EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION</p> | TRI Facility ID Number 87544SDLSL52835 Toxic Chemical, Category, or Generic Name Mercury |
|--|---|

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.) 007439976 |
| 1.2 | Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Mercury |
| 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.)

| | |
|-----|--|
| 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: a. <input checked="" 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 checked="" 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 Sub-Uses: b. <input type="checkbox"/> As a formulation component Sub-Uses: c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity f. <input type="checkbox"/> Recycling | 3.3 Otherwise use the toxic chemical: a. <input type="checkbox"/> As a chemical processing aid Sub-Uses: b. <input type="checkbox"/> As a manufacturing aid Sub-Uses: c. <input checked="" type="checkbox"/> Ancillary or other use Sub-Uses: Z399 |
|---|---|---|

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

| | |
|-----|--|
| 4.1 | [04] (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 <input type="checkbox"/> | 0 | 0 | |
| 5.2 | Stack or point air emissions | NA <input type="checkbox"/> | 0.86 | E1 | |
| 5.3 | Discharges to receiving streams or water bodies (Enter one name per box) | NA <input type="checkbox"/> | | | |
| | Stream or Water Body Name | Reach Code (optional) | | | |
| 5.3.1 | Sandia Tributary to Rio Grande | | 0.0019 | M2 | 0% |
| 5.3.2 | Los Alamos Tributary to Rio Grande | | 0.0002 | M2 | 0% |
| 5.3.3 | Mortadad Tributary to Rio Grande | | 0.0008 | M2 | 0% |

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

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| | |
|--|---|
| <p>EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</p> | TRI Facility ID Number 87544SDLSL52835 |
| | Toxic Chemical, Category, or Generic Name Mercury |

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) |
|---------|--|-----|--|-----------------------------------|
| 5.4-5.5 | Disposal to land on-site | | | |
| 5.4.1 | Class I Underground Injection wells | [X] | | |
| 5.4.2 | Class II-V Underground Injection wells | [X] | | |
| 5.5.1.A | RCRA subtitle C landfills | [X] | | |
| 5.5.1.B | Other landfills | [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 | [X] | | |

Optional Waste Rock Piles Information

You may check this box if your Section 5.5 quantities include "waste rock piles." Enter quantity of "waste rock piles" (pounds/year*)

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.

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| | | | | | | | | | |
|---|---|--------|--------------------------------------|-------|--|--|--------------|---|--|
| EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED) | | | | | | TRI Facility ID Number 87544SDLSL52835 | | Toxic Chemical, Category, or Generic Name Mercury | |
| SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS | | | | | | NA <input type="checkbox"/> | | | |
| 6.2.1 Off-Site EPA Identification Number (RCRA ID No.) | | | | | | UTD982598898 | | | |
| Off-Site Location Name: | | | | | | ENERGYSOLUTIONS CLIVE FACILITY | | | |
| Off-Site Address: | | | | | | U.S. INTERSTATE 80, EXIT 49, FIVE M | | | |
| City | GRANTSVILLE | County | Tooele | State | UT | ZIP | 84029 | Country (Non-US) | |
| Is location under control of reporting facility or parent company? | | | | | | [] 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. 25.5 | | | 1. O | | 1. M65 | | | | |
| 6.2.2 Off-Site EPA Identification Number (RCRA ID No.) | | | | | | WAR000010355 | | | |
| Off-Site Location Name: | | | | | | PERMA FIX NORTHWEST RICHLAND INC | | | |
| Off-Site Address: | | | | | | 2025 BATTELLE BLVD | | | |
| City | RICHLAND | County | Benton | State | WA | ZIP | 99354 | Country (Non-US) | |
| Is location under control of reporting facility or parent company? | | | | | | [] 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. 0.1 | | | 1. O | | 1. M64 | | | | |
| 6.2.3 Off-Site EPA Identification Number (RCRA ID No.) | | | | | | NM4890139088 | | | |
| Off-Site Location Name: | | | | | | U.S. DOE WASTE ISOLATION PILOT PLANT | | | |
| Off-Site Address: | | | | | | 30 MILES EAST OF CARLSBAD ON | | | |
| City | CARLSBAD | County | Eddy | State | NM | ZIP | 88220 | Country (Non-US) | |
| Is location under control of reporting facility or parent company? | | | | | | [] 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. 11.9 | | | 1. O | | 1. M41 | | | | |
| 6.2.4 Off-Site EPA Identification Number (RCRA ID No.) | | | | | | COD980591184 | | | |
| Off-Site Location Name: | | | | | | VEOLIA ES TECHNICAL SOLUTIONS LLC | | | |
| Off-Site Address: | | | | | | 9131 E96TH AVE | | | |
| City | HENDERSON | County | Adams | State | CO | ZIP | 80640 | Country (Non-US) | |
| Is location under control of reporting facility or parent company? | | | | | | [] 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. 86.7 | | | 1. O | | 1. M64 | | | | |
| SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY | | | | | | | | | |
| [] 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-character code(s)] | | | | | c. Waste Treatment Efficiency Estimate | | | |
| 7A.1 a | 7A.1 b | | | | | 7A.1 c | | | |
| W | 2: H123 3: H077 4: H082 5: H124 6: H129 7: H122 | | | | | E3 | | | |
| 7A.2 a | 7A.2 b | | | | | 7A.2 c | | | |
| S | 2: H101 | | | | | E5 | | | |

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|--|---|
| EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED) | TRI Facility ID Number 87544SDL52835 |
| | Toxic Chemical, Category, or Generic Name Mercury |

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. SOURCE REDUCTION AND WASTE MANAGEMENT | | 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 - 8.7 Production-Related Waste Managed | | | | | |
| 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 | NA | 0.8629 | NA | NA |
| 8.1c | Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills | NA | 112.3 | NA | NA |
| 8.1d | Total other off-site disposal or other releases | NA | 11.9 | NA | NA |
| 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 | NA | NA | NA | NA |
| 8.6 | Quantity treated on-site | NA | NA | NA | NA |
| 8.7 | Quantity treated off-site | NA | NA | NA | NA |
| 8.8 | Non-production-related waste managed** | | NA | | |
| 8.9 | [] Production ratio or <input checked="" type="checkbox"/> Activity ratio (select one and enter value to right) | | 0.8 | | |
| 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)) | | | Estimated annual reduction (Enter code(s)) (optional) |
| 8.10.1 | NA | | | | |

*For Dioxin and Dioxin-like Compounds, report in grams/year
 ** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

| |
|---|
| TRI Facility ID Number |
| 87544SDL52835 |
| Toxic Chemical, Category, or Generic Name |
| Mercury |

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

| | |
|--|----------------|
| Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here. | |
| Topic | Comment |

| | |
|---|--|
| Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here. | |
| Topic | Comment |
| Your facility did not submit a form for this chemical for the prior reporting year. | We did not exceed the mercury threshold in 2018. |

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Form Approved OMB Number:
Approval Expires: 2021-10-31

Page 1 of 5

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

| | | | | | |
|--|--|--|--|---|--|
| EPA United States Environmental Protection Agency | | FORM R 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. | | TRI Facility ID Number 87545LSLMSLOSAL | |
| 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: 2019 | | | | | |
| SECTION 2. TRADE SECRET INFORMATION | | | | | |
| 2.1 | Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 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: Aaron Dailey Environmental Manager | | | Signature: Reference Copy: Copy of Record Resides in CDX | | Date Signed: 2020-06-02 |
| SECTION 4. FACILITY IDENTIFICATION | | | | | |
| 4.1 | Facility or Establishment Name TRIAD NATIONAL SECURITY, LLC, LOS ALAMOS NATIONAL LABORATORY | | TRI Facility ID Number 87545LSLMSLOSAL | | BIA Code |
| | Street BIKINI ATOLL RD SM30 | | | Facility or Establishment Mailing Address (if different from physical street address) PO BOX 1663 | |
| | City/County/State/ZIP Code LOS ALAMOS / Los Alamos / NM / 87545 | | City/State/ZIP Code LOS ALAMOS / NM / 87545 | | 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"/> GOC0 | | | | |
| 4.3 | Technical Contact name Walt Whetham | Email Address walt@lanl.gov | | Telephone Number (include area code and ext.) 505-665-8885 | |
| 4.4 | Public Contact name Peter Hyde | Email Address pahyde@lanl.gov | | Telephone Number (include area code and ext.) 505-667-3792 | |
| 4.5 | NAICS Code(s) (6 digits) a. 928110 (Primary) | | b. | c. | d. |
| | e. | | f. | | |
| 4.6 | Dun and Bradstreet Number(s) (9 digits) a. NA b. | | | | |
| SECTION 5. PARENT COMPANY INFORMATION | | | | | |
| 5.1 | Name of U.S. Parent Company (for TRI Reporting purposes) US DEPARTMENT OF ENERGY | | No U.S. Parent Company (for TRI Reporting purposes) <input type="checkbox"/> | | |
| 5.2 | Parent Company's Dun & Bradstreet Number NA <input checked="" type="checkbox"/> | | | | |

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| EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION | TRI Facility ID Number 87545LSLMSLOSAL |
| | Toxic Chemical, Category, or Generic Name Mercury |

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.) 007439976 |
| 1.2 | Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Mercury |
| 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.)

| | |
|-----|--|
| 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: a. <input checked="" 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 checked="" 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 Sub-Uses: b. <input type="checkbox"/> As a formulation component Sub-Uses: c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity f. <input type="checkbox"/> Recycling | 3.3 Otherwise use the toxic chemical: a. <input type="checkbox"/> As a chemical processing aid Sub-Uses: b. <input type="checkbox"/> As a manufacturing aid Sub-Uses: c. <input checked="" type="checkbox"/> Ancillary or other use Sub-Uses: Z399 |
|---|---|---|

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

| | |
|-----|--|
| 4.1 | [04] (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 <input type="checkbox"/> | 0 | 0 | |
| 5.2 | Stack or point air emissions | NA <input type="checkbox"/> | 0.86 | E1 | |
| 5.3 | Discharges to receiving streams or water bodies (Enter one name per box) | NA <input type="checkbox"/> | | | |
| | Stream or Water Body Name | Reach Code (optional) | | | |
| 5.3.1 | Sandía Tributary to Río Grande | | 0.0019 | M2 | 0% |
| 5.3.2 | Los Alamos Tributary to Río Grande | | 0.0002 | M2 | 0% |
| 5.3.3 | Mortandad Tributary to Río Grande | | 0.0008 | M2 | 0% |

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

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

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| | |
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| <p>EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</p> | TRF Facility ID Number 87545LSLMSLOSAL Toxic Chemical, Category, or Generic Name Mercury |
|--|---|

| 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) |
| 5.4-5.5 Disposal to land on-site | | | | |
| 5.4.1 | Class I Underground Injection wells | [X] | | |
| 5.4.2 | Class II-V Underground Injection wells | [X] | | |
| 5.5.1.A | RCRA subtitle C landfills | [X] | | |
| 5.5.1.B | Other landfills | [X] | | |
| 5.5.2 | Land treatment/application farming | [X] | | |
| 5.5.3.A | RCRA Subtitle C surface impoundments | [X] | | |
| 5.5.3.B | Other surface impoundments | [X] | | |
| 5.5.4 | Other disposal | [X] | | |

Optional Waste Rock Piles Information
 You may check this box if your Section 5.5 quantities include "waste rock piles." Enter quantity of "waste rock piles" (pounds/year*)

| | |
|--|--------|
| 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.

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| | | | | | | | | | |
|--|---|--------|--------------------------------------|-------|--|--|--------------|---|--|
| EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED) | | | | | | TRI Facility ID Number 87545LSLMSLOSAL | | Toxic Chemical, Category, or Generic Name Mercury | |
| SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS NA <input type="checkbox"/> | | | | | | | | | |
| 6.2.1 Off-Site EPA Identification Number (RCRA ID No.) | | | | | | UTD982598898 | | | |
| Off-Site Location Name: | | | | | | ENERGYSOLUTIONS CLIVE FACILITY | | | |
| Off-Site Address: | | | | | | U.S. INTERSTATE 80, EXIT 49, FIVE M | | | |
| City | GRANTSVILLE | County | Tooele | State | UT | ZIP | 84029 | Country (Non-US) | |
| Is location under control of reporting facility or parent company? | | | | | | [] 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. 25.5 | | | 1. O | | 1. M65 | | | | |
| 6.2.2 Off-Site EPA Identification Number (RCRA ID No.) | | | | | | WAR000010355 | | | |
| Off-Site Location Name: | | | | | | PERMA FIX NORTHWEST RICHLAND INC | | | |
| Off-Site Address: | | | | | | 2025 BATTELLE BLVD | | | |
| City | RICHLAND | County | Benton | State | WA | ZIP | 99354 | Country (Non-US) | |
| Is location under control of reporting facility or parent company? | | | | | | [] 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. 0.1 | | | 1. O | | 1. M64 | | | | |
| 6.2.3 Off-Site EPA Identification Number (RCRA ID No.) | | | | | | NM4890139088 | | | |
| Off-Site Location Name: | | | | | | U.S. DOE WASTE ISOLATION PILOT PLANT | | | |
| Off-Site Address: | | | | | | 30 MILES EAST OF CARLSBAD ON | | | |
| City | CARLSBAD | County | Eddy | State | NM | ZIP | 88220 | Country (Non-US) | |
| Is location under control of reporting facility or parent company? | | | | | | [] 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. 11.9 | | | 1. O | | 1. M41 | | | | |
| 6.2.4 Off-Site EPA Identification Number (RCRA ID No.) | | | | | | COD980591184 | | | |
| Off-Site Location Name: | | | | | | VEOLIA ES TECHNICAL SOLUTIONS LLC | | | |
| Off-Site Address: | | | | | | 9131 E 96TH AVE | | | |
| City | HENDERSON | County | Adams | State | CO | ZIP | 80640 | Country (Non-US) | |
| Is location under control of reporting facility or parent company? | | | | | | [] 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. 86.7 | | | 1. O | | 1. M64 | | | | |
| SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY | | | | | | | | | |
| [] 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-character code(s)] | | | | c. Waste Treatment Efficiency Estimate | | | | |
| 7A.1 a | 7A.1 b | | | | 7A.1 c | | | | |
| S | 2: H101 | | | | E5 | | | | |
| 7A.2 a | 7A.2 b | | | | 7A.2 c | | | | |
| W | 2: H123 3: H077 4: H082 5: H124 6: H129 7: H122 | | | | E3 | | | | |

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| | | | | | |
|--|--|---|---|--|--|
| EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED) | | TRI Facility ID Number 87545LSLMSLOSAL | | | |
| | | Toxic Chemical, Category, or Generic Name Mercury | | | |
| SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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. SOURCE REDUCTION AND WASTE MANAGEMENT | | | | | |
| | | 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 - 8.7 Production-Related Waste Managed | | | | | |
| 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 | NA | 0.8629 | NA | NA |
| 8.1c | Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills | NA | 112.3 | NA | NA |
| 8.1d | Total other off-site disposal or other releases | NA | 11.9 | NA | NA |
| 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 | NA | NA | NA | NA |
| 8.6 | Quantity treated on-site | NA | NA | NA | NA |
| 8.7 | Quantity treated off-site | NA | NA | NA | NA |
| 8.8 | Non-production-related waste managed** | NA | | | |
| 8.9 | [] Production ratio or <input checked="" type="checkbox"/> Activity ratio (select one and enter value to right) | 0.8 | | | |
| 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)) | | | Estimated annual reduction (Enter code(s)) (optional) |
| 8.10.1 | NA | | | | |

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

** includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number

87545LSLMSLOSAL

Toxic Chemical, Category, or Generic Name

Mercury

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

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.

Topic

Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.

Topic

Comment

Your facility did not submit a form for this chemical for the prior reporting year.

We did not exceed the mercury threshold in 2018.

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Form Approved OMB Number:
Approval Expires: 2021-10-31

Page 1 of 5

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

| EPA | | FORM R | | TRI Facility ID Number | | |
|---|---|---|---|--|---|--------------|
| United States Environmental Protection Agency | | 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. | | 87545LSLMSLOSAL | | |
| | | | | Toxic Chemical, Category, or Generic Name | | |
| | | | | Lead | | |
| 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: 2019 | | | | | | |
| SECTION 2. TRADE SECRET INFORMATION | | | | | | |
| 2.1 | Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3) | | | | | |
| 2.2 | Is this copy [] Sanitized [] 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: | |
| Aaron Dailey Environmental Manager | | | Reference Copy: Copy of Record Resides in CDX | | 2020-06-02 | |
| SECTION 4. FACILITY IDENTIFICATION | | | | | | |
| 4.1 | Facility or Establishment Name | | TRI Facility ID Number | | BIA Code | |
| | TRIAD NATIONAL SECURITY, LLC, LOS ALAMOS NATIONAL LABORATORY | | 87545LSLMSLOSAL | | | |
| | Street | | Facility or Establishment Mailing Address (if different from physical street address) | | | |
| | BIKINI ATOLL RD SM30 | | PO BOX 1663 | | | |
| | City/County/State/ZIP Code | | City/State/ZIP Code | | Country (Non-US) | |
| | LOS ALAMOS / Los Alamos / NM / 87545 | | LOS ALAMOS / NM / 87545 | | | |
| 4.2 | This report contains information for: (Important: check a or b; check c or d if applicable) | | a. [X] An Entire facility | b. [] Part of a facility | c. [] A Federal facility | d. [X] GOC |
| 4.3 | Technical Contact name | | Walt Whetham | Email Address | Telephone Number (include area code and ext.) | |
| | | | | walt@lanl.gov | 505-665-8885 | |
| 4.4 | Public Contact name | | Peter Hyde | Email Address | Telephone Number (include area code and ext.) | |
| | | | | pahyde@lanl.gov | 505-667-3792 | |
| 4.5 | NAICS Code(s) (6 digits) | | a. 928110 (Primary) | b. | c. | d. |
| | | | | | e. | f. |
| 4.6 | Dun and Bradstreet Number(s) (9 digits) | | | | | |
| | a. NA | | | | | |
| | b. | | | | | |
| SECTION 5. PARENT COMPANY INFORMATION | | | | | | |
| 5.1 | Name of U.S. Parent Company (for TRI Reporting purposes) | | US DEPARTMENT OF ENERGY | | No U.S. Parent Company (for TRI Reporting purposes) [] | |
| 5.2 | Parent Company's Dun & Bradstreet Number | | NA [X] | | | |

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| | | | | | |
|---|---|--|--|--------------------------------------|---|
| EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION | | TR Facility ID Number 87545LSLMSLOSAL | | | |
| | | Toxic Chemical, Category, or Generic Name Lead | | | |
| 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.) 007439921 | | | | |
| 1.2 | Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Lead | | | | |
| 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.) | | | | | |
| 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: 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 Sub-Uses: b. <input type="checkbox"/> As a formulation component Sub-Uses: c. <input type="checkbox"/> As an article component d. <input checked="" type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity f. <input type="checkbox"/> Recycling | 3.3 | Otherwise use the toxic chemical: a. <input type="checkbox"/> As a chemical processing aid Sub-Uses: b. <input type="checkbox"/> As a manufacturing aid Sub-Uses: c. <input checked="" type="checkbox"/> Ancillary or other use Sub-Uses: Z399 |
| 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 [] | 3.2 | C | |
| 5.2 | Stack or point air emissions | NA [] | 0.49 | E1 | |
| 5.3 | Discharges to receiving streams or water bodies (Enter one name per box) | NA [] | | | |
| | Stream or Water Body Name | Reach Code (optional) | | | |
| 5.3.1 | Sandia Tributary to Rio Grande | | 0.178 | M2 | 0% |
| 5.3.2 | Mortadad Tributary to Rio Grande | | 0.01 | M2 | 0% |
| 5.3.3 | Los Alamos Tributary to Rio Grande | | 0.054 | M2 | 0% |

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

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

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| EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED) | | TFI Facility ID Number 87545LSLMSLOSAL | | |
|---|--|--|--|-----------------------------------|
| | | Toxic Chemical, Category, or Generic Name Lead | | |
| 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) |
| 5.4-5.5 | Disposal to land on-site | | | |
| 5.4.1 | Class I Underground Injection wells | [X] | | |
| 5.4.2 | Class II-V Underground Injection wells | [X] | | |
| 5.5.1.A | RCRA subtitle C landfills | [X] | | |
| 5.5.1.B | Other landfills | [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 | [] | 1845 | C |
| Optional Waste Rock Piles Information You may check this box if your Section 5.5 quantities include "waste rock piles." [] Enter quantity of "waste rock piles" (pounds/year*) <input type="text"/> | | | | |
| 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.

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| EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED) | | | | | | | | | | TRI Facility ID Number 87545LSLMSLOSAL | |
|--|--------------------|--------|--------------------------------------|-------|-----------|--|--------------|------------------|--|--|--|
| | | | | | | | | | | Toxic Chemical, Category, or Generic Name Lead | |
| SECTION 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 CLIVE FACILITY | |
| Off-Site Address: | | | | | | | | | | U.S. INTERSTATE 80, EXIT 49, FIVE M | |
| City | GRANTSVILLE | County | Tooele | State | UT | ZIP | 84029 | Country (Non-US) | | | |
| Is location under control of reporting facility or parent company? | | | | | | | | | | [] 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. 12468.6 | | | 1. O | | | 1. M65 | | | | | |
| 6.2.2 Off-Site EPA Identification Number (RCRA ID No.) | | | | | | | | | | WAR000010355 | |
| Off-Site Location Name: | | | | | | | | | | PERMA FIX NORTHWEST RICHLAND INC | |
| Off-Site Address: | | | | | | | | | | 2025 BATTELLE BLVD | |
| City | RICHLAND | County | Benton | State | WA | ZIP | 99354 | Country (Non-US) | | | |
| Is location under control of reporting facility or parent company? | | | | | | | | | | [] 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. 4.1 | | | 1. O | | | 1. M64 | | | | | |
| 6.2.3 Off-Site EPA Identification Number (RCRA ID No.) | | | | | | | | | | NV3890090001 | |
| Off-Site Location Name: | | | | | | | | | | U. S. DOE, NNSA/NFO | |
| Off-Site Address: | | | | | | | | | | NEVADA NATIONAL SECURITY SITE | |
| City | MERCURY | County | Nye | State | NV | ZIP | 89023 | Country (Non-US) | | | |
| Is location under control of reporting facility or parent company? | | | | | | | | | | [] 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. 0.5 | | | 1. O | | | 1. M94 | | | | | |
| 6.2.4 Off-Site EPA Identification Number (RCRA ID No.) | | | | | | | | | | COD980591184 | |
| Off-Site Location Name: | | | | | | | | | | VEOLIA ES TECHNICAL SOLUTIONS LLC | |
| Off-Site Address: | | | | | | | | | | 9131 E96TH AVE | |
| City | HENDERSON | County | Adams | State | CO | ZIP | 80640 | Country (Non-US) | | | |
| Is location under control of reporting facility or parent company? | | | | | | | | | | [] 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. 462.4 | | | 1. O | | | 1. M64 | | | | | |
| 6.2.5 Off-Site EPA Identification Number (RCRA ID No.) | | | | | | | | | | NM4890139088 | |
| Off-Site Location Name: | | | | | | | | | | U.S. DOE WASTE ISOLATION PILOT PLANT | |
| Off-Site Address: | | | | | | | | | | 30 MILES EAST OF CARLSBAD ON | |
| City | CARLSBAD | County | Eddy | State | NM | ZIP | 88220 | Country (Non-US) | | | |
| Is location under control of reporting facility or parent company? | | | | | | | | | | [] 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. 2913.3 | | | 1. O | | | 1. M41 | | | | | |
| 6.2.6 Off-Site EPA Identification Number (RCRA ID No.) | | | | | | | | | | NMD986683563 | |
| Off-Site Location Name: | | | | | | | | | | WASTE MGMT OF NEW MEXICO | |
| Off-Site Address: | | | | | | | | | | 402 INDUSTRIAL PARK LOOP NE | |

| | | | | | | | | | |
|--|--|--------|--------------------------------------|-------|--|---|------------------|---------------------|--|
| City | RIO RANCHO | County | Sandoval | State | NM | ZIP | 87124 | 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. 0.3 | | | 1. O | | 1. M64 | | | | |
| 6.2.7 Off-Site EPA Identification Number (RCRA ID No.) | | | | | | TXD988088464 | | | |
| Off-Site Location Name: | | | | | | WASTE CONTROL SPECIALISTS | | | |
| Off-Site Address: | | | | | | 9998 W STATE HIGHWAY 176 | | | |
| City | ANDREWS | County | Andrews | State | TX | ZIP | 797149100 | 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. 51.8 | | | 1. O | | 1. M64 | | | | |
| SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY | | | | | | | | | |
| <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-character code(s)] | | | | | c. Waste Treatment Efficiency Estimate | | | |
| 7A.1 a | 7A.1 b | | | | | 7A.1 c | | | |
| W | 2: H123 3: H077 4: H082 5: H124 6: H129 7: H122 | | | | | E3 | | | |
| 7A.2 a | 7A.2 b | | | | | 7A.2 c | | | |
| S | 2: H101 | | | | | E6 | | | |

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

***** Do not send to EPA: This is the final copy of your form.*****

| | | | | | |
|--|--|--|---|--|--|
| EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED) | | TRI Facility ID Number 87545LSLMSLOSAL | | | |
| | | Toxic Chemical, Category, or Generic Name Lead | | | |
| SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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. SOURCE REDUCTION AND WASTE MANAGEMENT | | | | | |
| | | 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 - 8.7 Production-Related Waste Managed | | | | | |
| 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 | 1142.439 | 1848.932 | 1500 | 1500 |
| 8.1c | Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills | 17405.6 | 12987.2 | 5000 | 5000 |
| 8.1d | Total other off-site disposal or other releases | 13.5 | 2913.8 | 100 | 100 |
| 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 | NA | NA | NA | NA |
| 8.6 | Quantity treated on-site | NA | NA | NA | NA |
| 8.7 | Quantity treated off-site | NA | NA | NA | NA |
| 8.8 | Non-production-related waste managed** | NA | | | |
| 8.9 | <input type="checkbox"/> Production ratio or <input checked="" type="checkbox"/> Activity ratio (select one and enter value to right) | 1.29 | | | |
| 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)) | | | Estimated annual reduction (Enter code(s)) (optional) |
| 8.10.1 | NA | | | | |

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

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number

87545LSLMSLOSAL

Toxic Chemical, Category, or Generic Name

Lead

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

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.

Topic

Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.

Topic

Comment