

## 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 PO Box 1663, K491 Los Alamos, NM 87545 505-667-2211

Symbol: EPC-DO: 20-160 LAUR: 20-23690 Date: 4 SUN2020

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 1<sup>st</sup> and the report was submitted electronically on June 2<sup>nd</sup>, 2020.

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

Sincerely,

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 Silas DeRoma, NA-LA, silas.deroma@nnsa.doe.gov Steve Hoffman, EM-LA, stephen.hoffman@em.doe.gov Paul Benjamin Underwood, EM-LA, ben.underwood@em.doe.gov David Nickless, EM-LA, david.nickless@em.doe.gov Hai Shen, EM-LA, hai.shen@em.doe.gov Kelly J. Beierschmitt, Triad, DDOPS, beierschmitt@lanl.gov Michael W. Hazen, Triad, ALDESHQSS, mhazen@lanl.gov William R. Mairson, Triad, ALDESHQSS, wrmairson@lanl.gov Timothy A. Dolan, Triad, GC-ESH, tdolan@lanl.gov Jennifer E. Payne, Triad, EPC-DO, jpayne@lanl.gov Taunia Van Valkenburg, Triad, EPC-CP, tauniav@lanl.gov Walter W. Whetham, Triad, EPC-CP, walt@lanl.gov Taylor A, Valdez, Triad, PCM-DO, tvaldez@lanl.gov Frazer Lockhart, N3B-RSI, Frazer.Lockhart@em-la.doe.gov Christian Maupin, N3B-ER, Christian.Maupin@em-la.doe.gov Elizabeth Lowes, N3B-ESH, Elizabeth.Lowes@em-la.doe.gov Dana Lindsay, N3B-DO, Dana.Lindsey@em-la.doe.gov **EPC-CP EPCRA File EPC-CP** Correspondence File lasomailbox@nnsa.doe.gov epccorrespondence@lanl.gov adesh-records@lanl.gov interface@lanl.gov



# **ATTACHMENT 1**

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

EPC-DO: 20-160

LA-UR-20-23690

Date: JUN 0 4 2020

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

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

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.

					TRIF	TRI Facility ID Number				
EPA United St	ates	-	ORM R			8754	44SDLSL5283	5		
	rental Protection Section 313 of the Emergency P also know n as Title III of the Sup				86,	Toxic	c Chemical, Cateo	gory, or Gener	ic Name	
						Lea	d			
	ction only applies if you are revising or wing a previously submitted form, otherwise	Rev	ision (Enter up	to two code(s	;))	W	ithdrawal (Ente	r up to two c	ode(s))	
leave b	lank:		[][	]			[	][]		
Importan	t: See Instructions to determine when "Not Applicable									
		Part I. F.	ACILITY IDENTIFIC	CATION INFORM	VIATION					
	I 1. REPORTING YEAR : 2019									
SECTION	12. TRADE SECRET INFORMATION									
2.1	Are you claiming the toxic chemical identified on page [] Yes (Answer question 2.2; attach substan [ X] NO (Do not answer 2.2; go to Section 3)	ntiation forms)	?							
2.2	2.2 [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)									
SECTION	3. CERTIFICATION (Important: Read and sign after co	mpleting all form	sections.)							
	certify that I have review ed the attached documents a this report are accurate based on reasonable estimat					formation is	s true and comple	ete and that th	e amounts and	
Name ar	nd official title of ow ner/operator or senior managemen	nt official:	S	Signature:					Date Signed:	
Adrien	ne Nash General Engineer		F	Reference Co	opy: Copy of Re	cord Res	ides in CDX		2020-06-10	
SECTION	14. FACILITY IDENTIFICATION									
	Facility or Establishment Name U.S. DEPARTMENT OF ENERGY, LOS ALAMO	S NATIONAL L	ABORATORY	TRI Facility ID Number         BIA Code           Y         87544SDLSL52835						
4.1	<u>Street</u> 3747 W JEMEZ RD				Facility or Establishment Mailing Address (i physical street address)			<u>i (if different from</u>		
	City/County/State/ZIP Code LOS ALAMOS / Los Alamos / NM / 87544				City/State/ZIP Coo / /	<u>IP Code</u>		Country (Non-US)		
4.2	This report contains information for: ( <u>Important:</u> check a or b; check c or d if applicable)		a. [ X ] An Entire	facility	b. [] Part of a fac	cility	c. [X] A Federa	al facility	d. [] GOCO	
4.3	Technical Contact name	Adrienne Na	ash	Email Address adrienne.na	sh@nnsa.doe.		ohone Number (inclu 5-665-5026	ude area code a	nd ext.)	
4.4	Rublic Contact name	Adrienne Na	ash	Email Address adrienne.na	sh@nnsa.doe.		bhone Number (inclu 5-665-5026	ude area code a	nd ext.)	
4.5	NAICS Code(s) (6 digits)	a. <b>928110</b> (Primary)	b.	c.	d.	e.	f.			
4.6	Dun and Bradstreet Number(s) (9 digits)									
4.0	a. <mark>NA</mark>									
	b.									
SECTION	15. PARENT COMPANY INFORMATION									
	Name of U.S. Parent Company (for TRI Reporting purposes)	US DEPART	MENT OF ENER	GY				S. Parent Corr ting purposes		
5.2	Parent Company's Dun & Bradstreet Number	NA [X]								
EPA Forn	19350-1 (Rev.) - Previous editions are obsolete.				Pr	inted using	g TRI-MEweb			

#### Page 2 of 5

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

			TRI Facility ID Number						
	EPA FC	ORM R		87544SDLSL52835					
	PART II. CHEMICAL - SP	PECIFIC INFORMATIC	DN	Toxic Chemical, Category, or (	Generic Name				
				Lead					
SECTION	1. TOXIC CHEMICAL IDENTITY (Importan	t: DO NOT complete this se	ction if you are reporting a mixture	e component in Section 2 below	v.)				
4.4	CAS Number (Important: Enter only one number example)	ctly as it appears on the Se	ction 313 list. Enter category code	e if reporting a chemical catego	ory.)				
1.1	007439921								
1.2	Toxic Chemical or Chemical Category Name (Importa	nt: Enter only one name exa	actly as it appears on the Section	313 list.)					
1.2	Lead								
10	Generic Chemical Name (Important: Complete only if	Part I, Section 2.1 is checke	ed "Yes". Generic Name must be s	structurally descriptive).					
1.3	I.S NA								
SECTION	12. MXTURE COMPONENT IDENTITY (Important: DO N	IOT complete this section if	you completed Section 1.)						
2.1	Generic Chemical Name Provided by Supplier (Impor	tant: Maximum of 70 charao	cters, including numbers, spaces,	and punctuation.)					
2.1	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:	3.3 Otherwise use the t	oxic chemical:				
	a. [] Produce b. [] Import								
	ce or import: c. [] For on-site use/processing d. [] For sale/distribution e. [] As a byproduct f. [] As an impurity	a. [] As a reactant Sub-Uses: b. [] As a formulat Sub-Uses: c. [] As an article d. [ <b>X</b> ] Repackagir e. [] As an impurity f. [] Recycling	ion component component Ig	a. [] As a chemical processing aid Sub-Uses: b. [] As a manufacturing aid Sub-Uses: c. [X] Ancillary or other use Sub-Uses: Z399					
SECTION	I4. MAXIMUMAMOUNT OF THE TOXIC CHEMICAL ON	SITEATANY TIME DURIN	G THE CALENDAR YEAR						
4.1	[05] (Enter two-digit code from instruction packag	ge.)							
SECTION	15. QUANTITY OF THE TOXIC CHEMICAL ENTERING B	EACH ENVIRONMENTAL ME	DUMON-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	с					
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 [] Reach Code (optional)							
	Stream or Water Body Name								
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%				

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

	TRI Facility ID Number										
		EF	PA FORM R	87544SDLSL528	35						
	PART II. CHEMICAL -	SPE	CIFIC INFORMATION (CONTINUED)	Toxic Chemical, Cat	egory, or Generic Name						
				Lead							
SECTION	15. QUANTITY OF THE TOXIC CHEMICAL	. ENTE	RING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)								
		NA	A. Total Release (pounds/year*) (Enter range code** or	r estimate)	B. Basis of Estimate (Enter code)						
5.4-5.5	Disposal to land on-site										
5.4.1	Class I Underground Injection wells	[ <b>X</b> ]									
5.4.2	Cass II-V Underground Injection wells	[ <b>X</b> ]									
5.5.1.A	RCRA subtitle C landfills	[ <b>X</b> ]									
5.5.1.B	Other landfills	[ <b>X</b> ]									
5.5.2	Land treatment/application farming	[ <b>X</b> ]									
5.5.3A	RORA Subtitle C surface impoundments	[ <b>X</b> ]									
5.5.3B	Other surface impoundments	[ <b>X</b> ]									
5.5.4	Other disposal	[]	1845		С						
	Waste Rock Plles Information / check this box if your Section 5.5 quar	tities i	nclude "waste rock piles." [ ] Enter quantity of "waste rock piles" (p	oounds/year*)							
SECTION	16. TRANSFER(S) OF THE TOXIC CHEM		WASTES TO OFF-SITE LOCATIONS								
6.1 DISC	HARGES TO PUBLICLY OWNED TREAT	VENT \	NORKS (POTWs)		NA [ X ]						

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Page 4	of 5							4-4-4		
		^^^ Do not	send to EPA: This is	s the fina		by of y				
							TRI Facil	ity ID Number		
				87544SDLSL52835						
	PART II. C	HEMICAL - SPECIFI	C INFORMATION (CONTI	NUED)			Toxic Cr	nemical, Category,	or Generic	Name
							Lead			
SECTIC	N 6.2 TRANSFERS TO OTH	ROFF-SITE LOCATIONS	NA []							
6.2.1 C	ff-Site EPA Identification Nu	mber (RCRA ID No.)		W	AR00	001035	5			
Off-Site Location Name:						FIX NO	THWES	T RICHLAND IN	<b>C</b>	
Of	f-Site Address:			20	)25 B/	ATTELL	E BLVD			
City	RICHLAND	County	Benton	Sta	tate	WA	ZI₽	99354		Country (Non-US)
	Is location under control of	f reporting facility or parer	it company?				[]Yes[	X]No		
	A. Total Transfer (p (Enter range code)		B. Basis of Estin (Enter code)				C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)			
1.	4.1		1. <b>0</b>		ŕ	1 . <b>M64</b>				
6.2.2 C	off-Site EPA Identification Nu	mber (RCRA ID No.)		NV	V3890	090001				
Of	f-Site Location Name:			U.	S. DC	e, NNS	<b>A/NFO</b>			
Of	f-Site Address:			NE	evad/	<b>NATIC</b>	NAL SEC	CURITY SITE		
City	MERCURY	County	Nye	Sta	tate	NV	ZI₽	89023		Country (Non-US)
	Is location under control of	f reporting facility or parer	it company?				[] Yes [	[X]No		
	A. Total Transfer (p (Enter range code)	oounds/year*) ** or estimate)	B. Basis of Estin (Enter code)					Type of Waste Tr cycling/Energy Rec		
1.	0.5		1. <b>0</b>		· ·	1 . <b>M94</b>				
6.2.3 C	ff-Site EPA Identification Nu	mber (RCRA ID No.)		NN	MD986	68356	3			
Of	f-Site Location Name:			W	ASTE	MGMT	OF NEW	MEXICO		
Of	f-Site Address:			40	)2 IND	USTRA	L PARK I	LOOP NE		
City	RIO RANCHO	County	Sandoval	Sta	tate	NM	ZI₽	87124		Country (Non-US)
	Is location under control of	f reporting facility or parer	it company?				[] Yes [	X]No		
	A. Total Transfer (p (Enter range code)		B. Basis of Estin (Enter code)					Type of Waste Tr cycling/Energy Rec		

City	RIO RANCHO	County	Sandoval	State	NM	ZIP	87124	Country (Non-US)			
	Is location under control of reporting f	acility or parent cor	mpany?			[] Yes [	X]No				
			B. Basis of Estimate (Enter code)				Type of Waste Treatment/Discussional Type of Waste Treatment Type of Waste T				
1.0	1. 0.3     4 Off-Site EPA Identification Number (RCRA ID No.)     Off-Site Location Name:     Off-Site Address:     HENDERSON     County     Is location under control of reporting facility or pare     A. Total Transfer (pounds/year*)		1. <b>0</b>		1. <b>M64</b>						
6.2.4 Off	-Site EPA Identification Number (RCR4	AIDNb.)		COD98	80591184	L .					
Off-	Site Location Name:			VEOLI	A ES TEC	HNICAL	SOLUTIONS LLC				
Off-	Site Address:			9131 E	E 96TH A\	/E					
City	HENDERSON	County	Adams	State	00	ZIP	80640	Country (Non-US)			
	Is location under control of reporting f	acility or parent cor	mpany?	·		[] Yes [	[]Yes[ <b>X</b> ]No				
			B. Basis of Estimate (Enter code)				C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)				
1.4	Is location under control of reporting facility or particular for the facility of		1. <b>0</b>		1. <b>M64</b>						
6.2.5 Off	-Site EPA Identification Number (RCR4	AIDNo.)		NM489	90139088	}					
Off-	Site Location Name:			U.S. D	OE WAST	EISOLA	ATION PILOT PLANT				
Off-	Site Address:			30 MIL	ES EAST	OFCAR	LSBAD ON				
City	CARLSBAD	County	Eddy	State	NM	ZIP	88220	Country (Non-US)			
	Is location under control of reporting f	acility or parent cor	mpany?			[] Yes [	X]No				
			B. Basis of Estimate (Enter code)				Type of Waste Treatment/Discutions/Energy Recovery (End				
1.2	913.3		1. <b>0</b>		1. <b>M41</b>						
6.2.6 Off	-Site EPA Identification Number (ROR/	AIDNo.)		TXD98	8088464						
Off-	Site Location Name:			WAST	E CONTR	OL SPE	CIALISTS				
Off-	Site Address:			9998 V	<b>N STATE</b>	HIGHWA	AY 176				

City	ANDREWS		County	Andrews	State	тх	ZIP	79714	Country (Non-US)	
	ls location under co	ontrol of reporting f	acility or parent co			[] 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. <b>0</b>		1. <mark>M64</mark>					
6.2.7 O	ff-Site EPA Identifica	tion Number (RCR4	AIDNo.)		UTD98	2598898				
Off	Off-Site Location Name: E						IONS CL	IVE FACILITY		
Off	-Site Address:			U.S. IN	TERSTAT	TE 80, E	<b>(IT 49, FIVE M</b>			
City	City CRANTSVILLE County			Tooele	State	ர	ZIP	84029	Country (Non-US)	
	Is location under co	ontrol of reporting f	acility or parent co	mpany?		[]Yes [X]No				
		nsfer (pounds/yea e code** or estimat		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)				
1.	12468.6			1. <b>0</b>		1. <b>M65</b>				
SECTIC	N 7A. ONSITE WAS	E TREATMENT ME	THODS AND EFFIC	IENCY						
[] Not A	Applicable (NA) - Che	ck here if no on-si	te waste treatment	is applied to any waste stream cont	aining the	toxic che	mical or c	hemical category.		
	a. General Vaste Stream (enter code)			rent Method(s) Sequence character code(s)]		c. Waste Treatment Efficiency Estimate				
	7A.1a			7A.1b				7A 1	C	
	W	2 : <b>H12</b>	3 3:H077 4:H0	<b>82</b> 5 : <b>H124</b> 6 : <b>H129</b> 7 : <b>H122</b>				E3		
7A.2a 7A.2b					7A.2 c					
S 2: H101							E6			

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

				 [11	RI Facilit	y ID Number				
	EPA FORM R			8	7544S	DLSL52835				
	PART II. CHEMICAL - SPECIFIC INFORMA	TION (CON	TINUED)	Тс	Toxic Chemical, Category, or Generic Name					
					ead					
SECTION	17B. ON-SITE ENERGY RECOVERY PROCESSES			J						
	- Check here if no on-site energy recovery is applied to any waste									
	containing the toxic chemical or chemical category. Recovery Methods [Enter 3-character code(s)]									
	NTC. ON-SITE RECYCLING PROCESSES									
[X]NA	<ul> <li>Check here if no on-site recycling is applied to any waste containing the toxic chemical or chemical category.</li> </ul>									
	g Methods [Enter 3-character code(s)]									
SECTION	N 8. SOURCE REDUCTION AND WASTE MANAGEMENT									
				olum A		Column B rent Reporting	Colum (			
				rior Year unds/year*)	1	Year	Following \ (pounds/ye	Year Year		
	8.1 - 8.7 Production-Related Waste Managed			<b>,</b> ,	(po	ounds/year*)	, ,	(pounds/year*)		
<b> </b>	Total on-site disposal to Class I									
8.1a	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, RORA 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 $[X]$ Activity ratio (select one and enter value				1.29					
8.10	Did your facility engage in any newly implemented source reduction year? If so, complete the following section; if not, check NA.	on activities fo	r this chemical	during the reporting		]				
	Source Paduation Activities				Activity (Enter code(s)) Estimated annual reduction (Enter code(s)) (optional)					
8.10.1										
11	I									

\*For Doxin 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

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TRI Facility ID Number
87544SDLSL52835
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 submi	it any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.
Торіс	Comment

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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.

			FORM R					TRI Facility ID Number				
EPA United St	atos							87544SDLS	L <b>528</b> 3	5		
Environn	rental Protection	Section 313 of the Emergency Pla also known as Title III of the Supe				36,		Toxic Chemica	al, Cate	gory, or Generi	c Name	
Agency								Mercury				
		if you are revising or	Revi	sion (Enter up	to two code(s	;))		Withdrawa	I (Ente	er up to two co	de(s))	
withdrawing a previously submitted form, otherwise [][] [] [] []								1[]				
Importan	t: See Instructions to	o determine w hen "Not Applicable (	NA)" boxes sho		-							
			Part I. F/	ACILITY IDENTIFIC	CATION INFORM	VATION						
	11. REPORTING YEA											
SECTION	12. TRADE SECRET	INFORMATION										
2.1	[] Yes (Ar	e toxic chemical identified on page iswer question 2.2; attach substan to not answer 2.2; go to Section 3)										
2.2	2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)											
SECTION	3. CERTIFICATION	(Important: Read and sign after con	pleting all form	sections.)								
I hereby values in	certify that I have re this report are acc	eview ed the attached documents a urate based on reasonable estimate	nd that, to the b es using data av	est of my knowle vailable to the pre	edge and belief eparers of this	, the submitt report.	ed information	tion is true and	d compl	ete and that the	amounts and	
		ner/operator or senior managemen			Signature:						Date Signed:	
Adrien	ne Nash General	Engineer		1	Reference Co	opy: Copy c	of Record	Resides in C	DX		2020-06-10	
SECTION	14. FACILITY IDENTI	FICATION										
	Facility or Establish	iment Name ENT OF ENERGY, LOS ALAMOS	NATIONAL L	ABORATORY		TRI Facility 87544SD		;		BIA Code		
4.1	Street 3747 W JEMEZ	(RD					l.	Facility or Estab physical street a	ablishment Mailing Address (if different from address)			
	City/County/State/2					City/State/Z	IP Code			Country (Non-U	<u>S)</u>	
<u> </u>	<u> </u>	/Los Alamos / NM / 87544								ļ		
4.2	This report contain (Important: check a	s information for: a or b; check c or d if applicable)	á	a. [ <mark>X</mark> ] An Entire	facility	b.[]Partof	a facility	c. [ 🗙 ] A	A Feder	al facility	d. [] GOCO	
4.3	Tech	nnical Contact name	Adrienne Na	sh	Email Address adrienne.na	sh@nnsa.	doe.gov	Telephone Num 505-665-50		lude area code an	d ext.)	
4.4	Ru	blic Contact name	Adrienne Na	sh	Email Address adrienne.na	sh@nnsa.	doe.gov	Telephone Num 505-665-50		lude area code an	<u>d ext.)</u>	
4.5	NAIC	S Code(s) (6 digits)	a. <b>928110</b> (Primary)	b.	c.	d.		e.	f.			
	Dun and Bradstreet Number(s) (9 digits)											
4.6	a. <mark>NA</mark>											
	b.											
	15. PARENT COMPA											
	Name of U.S. Parent ourposes)	Company (for TRI Reporting	US DEPARTI	MENT OF ENER	GY					S. Parent Comp rting purposes)		
5.2	Parent Company's D	un & Bradstreet Number	NA [ X ]									

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		is is the final copy of y	TRI Facility ID Number									
EPA FO			87544SDLSL52835									
PART II. CHEMICAL - S	PECIFIC INFORMATIC	N	Toxic Chemical, Category, or C	Generic Name								
			Mercury									
SECTION 1. TOXIC CHEMICAL IDENTITY (Importa	SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)											
CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)												
1.1 007439976												
Toxic Chemical or Chemical Category Name (Importa	ant: Enter only one name ex	actly as it appears on the Section	313 list.)									
1.2 Mercury												
Generic Chemical Name (Important: Complete only if	Part I, Section 2.1 is check	ed "Yes". Generic Name must be	structurally descriptive).									
1.3 NA												
SECTION 2. MXTURE COMPONENT IDENTITY (Important: DO I	NOT complete this section if	you completed Section 1.)										
Generic Chemical Name Provided by Supplier (Impo		, ,	and punctuation.)									
2.1												
SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL	ATTHEFACILITY											
(Important: Check all that apply.)												
3.1 Manufacture the toxic chemical:	3.2 Process the toxic	chemical:	3.3 Otherwise use the toxic chemical:									
a. [X] Produce b. [] Import												
If produce or import: c. [] For on-site use/processing d. [] For sale/distribution e. [X] As a byproduct f. [] As an impurity	a. [] As a reactari Sub-Uses: b. [] As a formulat Sub-Uses: c. [] As an article d. [] Repackaging e. [] As an impurit f. [] Recycling	tion component component	a. [] As a chemical processing aid Sub-Uses: b. [] As a manufacturing aid Sub-Uses: c. [X] Ancillary or other use Sub-Uses: Z399									
IL SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL O	I N-SITEATANY TIMEDURIN	IG THE CALENDAR YEAR	1									
4.1 [04] (Enter two-digit code from instruction packa	ge.)											
SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING	EACH ENVIRONMENTAL ME	EDIUMON-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 []	0	0									
5.2 Stack or point air emissions	NA []	0.86	EI									
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		0.0019	M2	0%								
5.3.2 Los Alamos Tributary to Rio Grande		0.0002	M2	0%								
5.3.3 Mortandad Tributary to Rio Grande		0.0008	*For Dioxin and Dioxin-lik	0%								

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		TRI Facility ID Numbe							
	PART II. CHEMICAL -		A FORM R CIFIC INFORMATION (CONTINUED)		egory, or Generic Name				
				Mercury					
SECTION	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. B								
5.4-5.5	Disposal to land on-site								
5.4.1	Class I Underground Injection wells	[ <b>x</b> ]							
5.4.2	Class II-V Underground Injection wells	[ <b>X</b> ]							
5.5.1.A	RORA subtitle C landfills	[ <b>X</b> ]							
5.5.1.B	Other landfills	[ <b>X</b> ]							
5.5.2	Land treatment/application farming	[ <b>X</b> ]							
5.5.3A	RORA Subtitle C surface impoundments	[ <b>X</b> ]							
5.5.3B	Other surface impoundments	[ <b>X</b> ]							
5.5.4	5.5.4 Other disposal [X]								
	Optional Waste Rock Plies 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	N 6. TRANSFER(S) OF THE TOXIC CHEM	CAL IN	WASTES TO OFF-SITE LOCATIONS						
6.1 DISC	HARGES TO PUBLICLY OWNED TREATI	AENT W	/ORKS (POTWs)		NA [ X ]				

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	Pa	age	4 of	5	

	*** Do not send to EPA: This is the final copy of your form.***										
						-			ity ID Number		
								875449	SDLSL52835		
	PAR		EPA FORM	IR FORMATION (CONTINUED)						- Ni	
							Toxic Chemical, Category, or Generic Name				
							Mercury				
	SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS [NA [] 6.2.1 Off-Site EPA Identification Number (RORA ID No.)										
	6.2.1 Off-Site EPA Identification Number (RORA ID No.)										
	ff-Site Location Name				ENERGYSOLUTIONS CLIVE FACILITY U.S. INTERSTATE 80, EXIT 49, FIVE M						
			1		0.5	. INTE	RSTAI	E 80, E		los mitros	1
City	GRANTSVILLE		County	Tooele	Stat	te	ய	ZIP	84029	Country (Non-US)	
	Is location under control of reporting facility or parent company?										
				B. Basis of Estimate (Enter code)					Type of Waste Treatment/D cycling/Energy Recovery (En		
1	. 25.5			1. <b>0</b>		1	. <mark>M65</mark>				
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)						R000	01035	5			
0	ff-Site Location Name								T RICHLAND INC		
0	ff-Site Address:				202	5 BA	TTELLE	BLVD			
City	RICHLAND		County	Benton	Stat	te	WA	ZIP	99354	Country (Non-US)	
Is location under control of reporting facility or parent company?								[]Yes [	X]No		
A. Total Transfer (pounds/year*) B. Basis of Estimate									Type of Waste Treatment/D		
(Enter range code** or estimate)				(Enter code)	-	1	. M64	Rec	cycling/Energy Recovery (En	iter code)	
6.2.3 Off-Site EPA Identification Number (RCRA ID No.) Off-Site Location Name:					<u> </u>		139088		ATION PILOT PLANT		
	ff-Site Address:	•							LSBAD ON		
City	CARLSBAD		County	Eddy	Stat		NM	ZIP	88220	Country	
	ls location under co	ontrol of reporting f								(Non-US)	
			<u> </u>	ipany:	,			[] Yes [	-		
		nsfer (pounds/yea e code** or estima		B. Basis of Estimate (Enter code)	C. Type of Waste Treatmen						
1	. <b>11.9</b>			1. <b>0</b>		1	. M41	Recycling/Energy Recovery (Enter code) 141			
6.2.4 (	Off-Site EPA Identifica	tion Number (RCR/	AID No.)	J	COD980591184						
	ff-Site Location Name		- /						SOLUTIONS LLC		
0	ff-Site Address:						6TH A				
City	HENDERSON		County	Adams	Stat	te	co	ZIP	80640	Country (Non-US)	
	ls location under co	ontrol of reporting f	acility or parent co	npany?	-			[]Yes [	X1No		1
A. Total Transfer (pounds/year*) B. Basis of Estimat								C.	Type of Waste Treatment/D		
(Enter range code** or estimate)     (Enter code)       1.86.7     1.0						1	. <b>M64</b>	Reu	cycling/Energy Recovery (En		
SECTIO	SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY										
[] Not	[] 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			ent Method(s) Sequence character code(s)]		c. Waste Treatment Efficiency					
	(enter code) 7A.1 a			7A.1b		$\rightarrow$			Estimate 7A.1 c		
	W	2: <b>H12</b>	3 3: H077 4: H0	<b>82</b> 5: <b>H124</b> 6: <b>H129</b> 7: <b>H122</b>		$\dashv$	ATC E3				
	7A.2 a			7A.2b					7A.2 c		
	S	2:H101					E5				

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	Do not send to E					ty ID Number				
	EPA FORM R		87544SDLSL52835							
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)						Toxic Chemical, Category, or Generic Name				
				M	lercur	y				
	17B. ON-SITE ENERGY RECOVERY PROCESSES									
	- Check here if no on-site energy recovery is applied to any waste containing the toxic chemical or chemical category.									
	Recovery Methods [Enter 3-character code(s)]									
SECTION	17C. ON-SITE RECYCLING PROCESSES									
	- Check here if no on-site recycling is applied to any waste									
	ontaining the toxic chemical or chemical category. g Methods [Enter 3-character code(s)]									
,										
SECTION	N8. SOURCE REDUCTION AND WASTE MANAGEMENT		1					1		
				olum A		Column B rent Reporting	Colum C	Column D Second Following		
				ior Year unds/year*)		Year	Following Ye (pounds/year	ar Voor		
	8.1 - 8.7 Production-Related Waste Managed				(p	ounds/year*)		(pounds/year)		
	Total on-site disposal to Class I									
8.1a	Underground Injection Wells, RORA Subtitle C landfills, and other landfills		NA		NA		NA	NA		
8.1b	Total other on-site disposal or other		NA		0.862	9	NA	NA		
0.10	releases Total off-site disposal to Class I				0.001					
8.1c	Underground Injection Wells, RCRA		NA		112.3	•	NA	NA		
	Subtitle Clandfills, and other landfills		<u> </u>							
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 NA			
8.3	Quantity used for energy recovery		NA		A NA		NA			
	off-site Quantity recycled on-site									
8.4			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**		I		NA		I	1		
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to	o right)			0.8					
8.10	Did your facility engage in any newly implemented source reduction year?		r this chemical	during the reporting		]				
	If so, complete the following section; if not, check NA.									
	Source Reduction Activities (Enter code(s))		Method	s to Identify Activity	(Enter c	code(s))		stimated annual reductio Enter code(s)) (optional		
8.10.1	NA									
	<u> </u>					 In Davia and Dav	L			

\*For Doxin 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

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TR Facility ID Number
87544SDLSL52835
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 submi	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 subrit a form for this chemical for the prior reporting year.	We did not exceed the mercury threshold in 2018.							

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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.

							TRI Facility ID Number						
EPA United Sta	tes				MR	:			8754	5LSLMS	SLOSA	N_	
	ental Protection		nning and Community Right-to-know Act of 1986, rfund Amendments and Reauthorization Act.					Toxic Cherrical, Category, or Generic Name					
, geney									Merc	cury			
		if you are revising or submitted form, otherwise	Rev	isio	n (Enter up to	two code(s	;))		Wi	thdrawal	(Ente	r up to two c	ode(s))
leave bla		submitted form, otherwise			[][]						[	][]	
Important:	See Instructions to	determine when "Not Applicable (N	,	_						_			
			Part I, F	ACIL	ITY IDENTIFICA	TION INFORM	VIATION						
	1. REPORTING YEA												
SECTION 2	2, TRADE SECRET	NFORMATION											
2.1	Are you claiming the toxic chemical identified on page 2 trade secret? 2.1 [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)												
2.2	(Answer only if "Yes" in 2.1)												
SECTION 3	ECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)												
	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	arre and official title of owner/operator or senior management official: Signature: Date Signed:												
Aaron Da	Aaron Dailey Environmental Manager Reference Copy: Copy of Record Resides in CDX 2020-06-02												
SECTION 4	SECTION 4. FAOLITY IDENTIFICATION												
	Facility or Establishment Name         IRI Facility. ID Number         BIA Code           TRIAD NATIONAL SECURITY, LLC, LOS ALAMOS NATIONAL LABORATORY         87545LSLMSLOSAL         87545LSLMSLOSAL												
4.1	Street BIKINI ATOLL R	DSM30					Eaclifty or Establishment Mailing Address (if different from physical street address) PO BOX 1663				s (if different from		
	City/County/State/2 LOS ALAMOS	/IP Code /Los Alamos /NM /87545					City/State/Zi		NM /	87545		Country (Non-US)	
	This report contains ( <u>Important:</u> check a	s information for: or b; check c or d if applicable)		a. [ ]	<b>X</b> ] An Entire fa	cility	b.[]Partof	a facility		c.[] A Fe	ederal 1	facility	d. [X] GOOO
4.3	Tecl	nnical Contact name	Walt Whet	than	ı	Email Addres walt@lan	l.gov			hone Numb 665-888		de area code ar	nd ext.)
4.4	Ru	blic Contact name	Peter Hyd	e		Email Addres pahyde@				667-379		de area code ar	id ext.)
4.5		S Code(s) (6 digits)	a, 928110 (Primary)		b.	с.	d.		e.		f.		
16	Dun and Bradstree Number(s) (9 digits												
	a. NA												
1l	b.												
	5. PARENT COMPA										127		
0.1 pt	urposes)	Company (for TRI Reporting	US DEPAR	TME	INT OF ENER	3Y						S. Parent Con ting purposes	pany (for TR
	the administration of the administration	un & Bradstreet Number	NA[X]	1						TTN & #1.			

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				TRI Facility ID Number			
	EPA FO	ORM R		87545LSLMSLOSAL			
	PART II. CHEMICAL - SI	PECIFIC INFORMATIC	N K	Toxic Chemical, Category, or	Generic Name		
				Mercury			
SECTION	N 1. TOXIC OHEMICAL IDENTITY (Importan	t: DO NOT complete this se	ction if you are reporting a mixture	component in Section 2 belo	w.)		
	CAS Number (Important: Enter only one number exa	ctly as it appears on the Se	ction 313 list. Enter category code	if reporting a chemical categ	ory.)		
1.1	007439976						
10	Toxic Chemical or Chemical Category Name (Importa	nt: Enter only one name ex	actly as it appears on the Section 313 list.)				
1.2	Mercury						
	Generic Chemical Name (Important: Complete only if	Part I, Section 2.1 is check	ed "Yes". Generic Name must be s	tructurally descriptive).			
1.3	NA						
SECTION	N2. MXTURE COMPONENT IDENTITY (Important: DO N	IOT complete this section if	you completed Section 1.)				
1	Generic Cherrical Name Provided by Supplier (Impor			and punctuation.)			
2.1	NA						
	N3. ACTIVITIES AND USES OF THE TOXIC OHEMICAL nt: Oneck all that apply.)	ATTHEFACLITY		•			
3.1 [Manufacture the toxic chemical: 3.2 Process the tox			cherrical:	3.3 Otherwise use the	toxic chemical:		
a. [X] Produce b. [] Import							
If produce or import:       a. [] As a r         c. [] For on-site use/processing       b. [] As a f         d. [] For sale/distribution       c. [] As a byproduct         e. [] As an impurity       d. [] Repact		b. [] As a formulat	ion component component	a. [] As a chemical processing aid Sub-Uses: b. [] As a manufacturing aid Sub-Uses: c. [X] Ancillary or other use Sub-Uses: Z399			
SECTION	14. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON	SITEATANY TIME DURIN	GTHE CALENDARYEAR				
4.1	[04 ] (Enter two-digit code from instruction package	ge.)					
SECTION	N 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING I	FACH ENVIRONMENTAL ME	ENUM 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 []	0	0			
5.2	Stack or point air entissions	NA []	0.86	El			
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [-]					
	Stream or Water Body Name	Reach Code (optional)					
	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 Mortandad Tributary to Rio Grande			0.0008	M2	0%		

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C				TRI Facility DNunt	xer		
		EPA F	ORM R	87545LSLMSLO	SAL		
	PART II. CHEMICAL	- Specif	IC INFORMATION (CONTINUED)	Toxic Cherrical, Category, or Generic Name			
				Mercury	1		
SECTION	15. QUANTITY OF THE TOXIC CHEMIC/	AL ENTERING	GEACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)	)			
NA A. Total Release (pounds/year*) (Enter range code** or estimate) B. Basis of Estimate							
5.4-5.5	Disposal to land on-site	1.50		ALL STREET			
5.4.1	Qass I Underground hjection wells	[ <b>X</b> ]					
5.4.2	Class II-V Underground Injection wells	[ <b>X</b> ]					
5.5.1.A	RORA subtitle Clandfills	[ <b>X</b> ]					
5.5.1.B	Other landfills	[ <b>X</b> ]					
5.5.2	Land treatment/application farming	[ <b>X</b> ]					
5.5.3A	RORA Subtitle C surface impoundments	[ <b>X</b> ]					
5.5.3B	Other surface impoundments	[ <b>X</b> ]					
5.5.4	Other disposal	{ <b>X</b> ]					
	Waste Rock Files Information check this box if your Section 5.5 qu	antities inclue	de "waste rock piles." [] Enter quantity of "waste roc	kpiles" (pounds/year*)			
SECTION	N6. TRANSFER(S) OF THE TOXIC OHE	MCALINWA	STES TO OFF-SITE LOCATIONS				
6.1 DISC	HARGES TO FUBLICLY OWNED TREA	TIMENT WOR	KS (POTWs)		NA [X]		
				< *For Diovin a	and Diovin-like Compounds, report in grams/vea		

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

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		*	*** Do not se	nd to EPA: This is the fi	nal	CODV O	f vour f	orm.***			
1						ask) a		ility ID Number			
			2					LSLMSLOSAL			
	PAR		EPA FORM	IFORMATION (CONTINUED)			·				
							Toxic Chemical, Category, or Generic Name				
L		· · · · · · · · · · · · · · · · · · ·					Mercury				
	SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS [NA []										
	5.2.1 Off-Site EPA Identification Number (RORA ID No.) Off-Site Location Name:						UTD982598898 ENERGYSOLUTIONS CLIVE FACILITY				
	f-Site Location Name	3:									
			·	per la seconda da seconda	10.5	-	AIE 60, E	XIT 49, FIVE M	[Crumbers		
City	GRANTSVILLE		County	Tooele	Sta	te <b>UT</b>	ZIP	84029	(Non-US)		
	Is location under c	ontrol of reporting f	acility or parent co	mpany?		[] Yes [ <b>X</b> ] No					
A. Total Transfer (pounds/year*) (Enter range code** or estimate)			B. Basis of Estimate (Enter code)				Type of Waste Tre cycling/Energy Rec	eatment/Disposal/ covery (Enter code)			
1.25.5			1. <b>O</b>		1 . <b>M6</b>	5					
	Xf-Site EPA Identifica		AIDNo.)		WA	R0000103	855				
	f-Site Location Name	:			-			ST RICHLAND INC	>		
Off-Site Address:				202	25 BATTEL	LEBLVD					
City	RICHLAND		County	Benton		te WA	ZIP	99354	Country (Non-US)		
Is location under control of reporting facility or parent con				mpany?			[]Yes	[]Yes [ <b>X</b> ] No			
A. Total Transfer (pounds/year*) (Enter range code** or estimate)			B. Basis of Estimate (Enter code)				Type of Waste Tre	eatment/Disposal/ covery (Enter code)			
				1.0		1. <b>M6</b>		cycling/thergy neu		_	
6.2.3 Off-Site EPA Identification Number (RORA ID No.)					NM	48901390	88				
Of	f-Site Location Name				+		_	ATION PILOT PL	ANT		
Of	f-Site Address:				30	MILES EAS	ST OF CAP	RLSBAD ON			
City	CARLSBAD		County	Eddy State		te NM	ZIP	88220	Country (Non-US)		
	Is location under co	ontrol of reporting fa	acility or parent co	rpany?			[]Yes	[ <b>X</b> ] No		U.	
	A. Total Tra	nsfer (pounds/yea	r*)	B. Basis of Estimate	C Type of Waste Treatment/Disposal/						
<u> </u>		e code** or estimat	ie)	(Enter code)	_	Recycling/Energy Recovery (Enter code)					
	11.9			1. <b>O</b>		1. <b>M4</b> *	1. <b>M41</b>				
	Off-Site EPA Identifica		AID No.)		+	D9805911					
	f-Site Location Name							SOLUTIONS LL	C	_	
			r		1913	1 E96TH	AVE	1			
City	HENDERSON		County	Adams	Sta	te CO	ZIP	80640	Country (Non-US)		
	ls location under co	ontrol of reporting fa	acility or parent co	mpany?			[]Yes	[ <b>X</b> ] No			
			B. Basis of Estimate (Enter code)				Type of Waste Tre cycling/Energy Rec	eatment/Disposal/ overy (Enter code)			
1.86.7 1.0				1. <b>O</b>		1. <b>M64</b>					
the second se	N 7A. ONSITE WAST										
[]Not /		ckhere if no on-sit	te waste treatment	is applied to any waste stream conta	aining	the toxic cl	herrical or	and the second se			
	a. General Vaste Stream (enter code)			ent Method(s) Sequence character code(s)]		c. Waste Treatment Efficiency Estimate					
	7A.1a			7A.1b		TA 1 c					
	S			2: <b>H101</b>			E5				
	7A.2 a			7A.2b				7 <b>A</b>	. 2 c		
	W	2: H12	3 3: H077 4: H0	82 5: H124 6: H129 7: H122	E						

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	Do not send to LFA.			Facility DNumber			
	EPA FORM R		8	7545LSLMSLOSAL			
	PART II. CHEMICAL - SPECIFIC INFORMATION	(CONTINUED)	Т	xxic Chemical, Category, or Generic Name			
			M	lercury			
SECTION	7B. ON-SITE ENERGY RECOVERY PROCESSES			lerodiy			
streamco	Check here if no on-site energy recovery is applied to any waste ontaining the toxic chemical or chemical category. ecovery Methods [Enter 3-character code(s)]						
[X]NA- stream.co	7C. ON-SITE RECYCLING PROCESSES Check here if no on-site recycling is applied to any waste ontaining the toxic chemical or chemical category. g Methods [Enter 3-character code(s)]						
SECTION	8. SOURCE REDUCTION AND WASTE MANAGEMENT						
			Column A Prior Yéar bunds/year*)	Column B Current Reporting Year (pounds/year*)	Colurm C Following Yea (pounds/year)		
	8.1 - 8.7 Production-Related Waste Managed	The Contractor	and the second second			NI WI ME TEN	
8.1a	Total on-site disposal to Class I Underground Injection Wells, RORA 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, RORA 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 [X] Activity ratio (select one and enter value to righ	,		0.8			
8.10	Dd your facility engage in any newly implemented source reduction active year? If so, complete the following section; if not, check NA.	vities for this cherric	al during the reporting	NA [ <b>X</b> ]			
	Source Reduction Activities (Enter code(s))	Metho	ds to Identify Activity	(Enter code(s))		stimated annual reduction Enter code(s)) (optional)	
8.10.1	NA						

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\*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 submi	t any miscellaneous, additional, or optional information regarding your Form Rsubmission, provide it here.
Торіс	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 OVB 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.

								TRE	acility ID N	umber		
EPA	teteo.	FC	DR	MR				8754	ISLSLMS	LOS/	NL.	
United S Environr Agency	rental Protection Section 313 of the Emerg also known as Title III of t					86,		Тохіс	Chemical	, Categ	gory, or Gene	ic Name
								Lead	1			
	ction only applies if you are revising or wing a previously submitted form, otherw		visio	n (Enter up	to two code(s	s))		Wi	thdrawal	(Ente	r up to two c	ode(s))
leave b				[][	]					[	][]	
Importan	t: See Instructions to determine when "Not App	dicable (NA)" boxes sl	hould	be checked.								
		Part I.	Facil	LITY IDENTIFI	CATION INFOR	MATIO	NC					
	1. REPORTING YEAR : 2019											
SECTION	2. TRADE SECRET INFORMATION											
2.1	Are you claiming the toxic chemical identified of [] Yes (Answer question 2.2; attach [ X] NO (Do not answer 2.2; go to Se	substantiation forms)	t?									
2,2	ls this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)											
SECTION	3. CERTIFICATION (Important: Read and sign a	after completing all for	nsea	ctions.)								
	certify that I have reviewed the attached docu							ation is	s true and	comple	ete and that th	e arrounts and
	this report are accurate based on reasonable		availa			repo	rt					
	nd official title of owner/operator or senior man	agement official:	_		Signature:		Copy of Record	Deel				Date Signed: 2020-06-02
and our of a large of	Dailey Environmental Manager				Reference Ca	opy.	copy of Record	resi	ides in C			2020-00-02
SBUIK	Facility or Establishment Name				_	Imp	Facility ID Number	_			BIA Code	
	TRIAD NATIONAL SECURITY, LLC, LOS	ALAMOS NATION		ABORATOR	Y		45LSLMSLOS	AL			DIACODE	
4.1	Street BIKINI ATOLL RD SM30							physi	ty or Establical street a	ddress)		s (if different from
	City/County/State/ZIP Code LOS ALAMOS / Los Alamos / NM / 8	87545					/State/ZIP Code S ALAMOS /	NIM /	87545		Country (Non-	US)
4.2	This report contains information for: ( <u>Important:</u> check a or b; check c or d if applic	cable)	a.[]	X] An Entire	facility	b. []	Part of a facility		c. [] A Fe	ederal	facility	d. [ <b>X</b> ] GOCO
4.3	Technical Contact name	Walt Whe	than	n	Email Addres walt@lan	l.gov			hone Numb -665-888		ude area code ar	nd ext.)
4.4	Public Contact name	Peter Hyd			Email Addres pahyde@		gov		667-379		ude area code a	nd ext.)
4.5	NAICS Code(s) (6 digits)	a. 928110 (Primary)		b.	c.		d.	e.		f.		
4.6	Dun and Bradstreet Number(s) (9 digits)											
4.0	a. NA											
	b,		_					_	_			
	5. PARENT COMPANY INFORMATION			_	_							
5.1	Narre of U.S. Parent Company (for TRI Reportir ourposes)	US DEPAR	TME	ENT OF ENE	RGY						S. Parent Con rting purposes	pany (for TRI 5) []
5.2	Parent Company's Dun & Bradstreet Number	[NA [ X ]				_						

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

<u>[</u>				TRI Facility ID Number	
	ÉPA FO	DRM R		87545LSLMSLOSAL	0
	PART II. CHEMICAL - S		N	Toxic Cherrical, Category, or	Generic Name
				Lead	
SECTION	1. TOXIC CHEMICAL IDENTITY (Importai	nt: DO NOT complete this se	ction if you are reporting a mixture	component in Section 2 belo	w.)
	CAS Number (Important: Enter only one number exa	ctly as it appears on the Se	ection 313 list. Enter category code	if reporting a chemical categ	jory.)
1.1	007439921				
1.2	Toxic Cherrical or Cherrical Category Name (Importa	ant: Enter only one name ex	actly as it appears on the Section	313 list.)	
1,2	Lead				
	Generic Cherrical Name (Important: Complete only if	Part I, Section 2.1 is check	ed "Yes". Generic Name must be s	tructurally descriptive).	
1.3	NA				
SECTION	12. MXTURE COMPONENT IDENTITY (Important: DO I	NOT complete this section if	you completed Section 1.)		
	Generic Cherrical Name Provided by Supplier (Impo			and punctuation.)	
2.1	NA				
SECTION	N3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL	ATTHEFACILITY			
(Importai	nt: Check all that apply.)				
3.1	Manufacture the toxic chemical:	3.2 Process the toxic	chemical:	3.3 Otherwise use the	toxic chemical:
ļ	a. [] Produce b. [] Import				
	te or import: c. [] For on-site use/processing d. [] For sale/distribution e. [] As a byproduct f. [] As an impurity	a. [] As a reactan Sub-Uses: b. [] As a formulat Sub-Uses: c. [] As an article d. [X] Repackagi e. [] As an impurit f. [] Recycling	lion component component 1g	a. [] As a chemical Sub-Uses: b. [] As a manufact Sub-Uses: c. [X] Ancillary or o Sub-Uses: Z399	turing aid other use
SECTION	4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL O	N-SITEAT ANY TIME DURIN	IG THE CALENDAR YEAR		
4.1	[05] (Enter two-digit code from instruction packa	ge.)			
SECTION	5. QUANITTY OF THE TOXIC CHEMICAL ENTERING	EACH ENVIRONMENTAL ME	EDIUM 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	С	and the second second
5.2	Stack or point air emissions	NA []	0.49	EI	
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	Mortandad Tributary to Rio Grande		0.01	M2	0%
5.3.3	Los Alamos Tributary to Rio Grande		0.054	M2	0%

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				TRI Facility ID Numb	er
		Ð	A FORM R	87545LSLMSLO	SAL
	PART II. CHEMICAL	- SPE	CIFIC INFORMATION (CONTINUED)	Toxic Cherrical, Cal	regory, or Generic Name
				Lead	
SECTION	15. QUANTITY OF THE TOXIC CHEMICA	L ENTE	RING 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	[ <b>X</b> ]			
5.4.2	Class II-V Underground Injection wells	[ <b>X</b> ]			
5.5.1.A	RORA subtitle Clandfills	[ <b>X</b> ]			
5.5.1.B	Other landfills	[ <b>X</b> ]			
5.5.2	Land treatment/application farming	[X]			
5.5.3A	RORA Subtitle C surface impoundments	[ <b>X</b> ]			
5.5.3B	Other surface impoundments	( <b>X</b> )			
5.5.4	Other disposal	[]	1845		с
	Waste Rock Files Information / check this box if your Section 5.5 qua	antities in	nclude "waste rock piles." [] Enter quantity of "waste rock pile	s" (pounds/year*)	
SECTION	16. TRANSFER(S) OF THE TOXIC CHEM	MICAL IN	WASTES TO OFF-SITE LOCATIONS		
6.1 DISC	HARGES TO PUBLICLY OWNED TREAT	TMENT	NORKS (FOTWs)		NA [ X ]

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		*** Do not	send to EPA: This is the	final o	copy of	yourf	orm.***	
						-	ility ID Number	
10						87545	LSLMSLOSAL	
	PART II. CHE	EPA FO MICAL - SPECIFIC	DRM R CINFORMATION (CONTINUED	))		2012000		0.11
				''		TOXIC	hemical, Category	/, or Generic Name
<u> </u>						Lead		
	ON 6.2 TRANSFERS TO OTHER (		NA []					
	Off-Site EPA Identification Number	r (RORA ID No.)		_	98259889			
<u> </u>	Vf-Site Location Name: Vf-Site Address:						LIVE FACILITY XIT 49, FIVE M	
-				0.3.	Ľ	AIE OU, E		I Cauma I
City	GRANTSVILLE	County	Tooele	State	e UT	ZIP	84029	Country (Non-US)
	Is location under control of rep	corting facility or parer	nt company?			[] Yes	[ <b>X</b> ]No	
	A. Total Transfer (pour		B. Basis of Estimate	ſ				Freatment/Disposal/
	(Enter range code** or	estimate)	(Enter code)				cycling/Energy Re	ecovery (Enter code)
1	. 12468.6		1.0		1. M6	5		
	Off-Site EPA Identification Numbe	r (RORA ID No.)		WAF	<b>2000010</b> 3	55		
<u> </u>	Iff-Site Location Name:			_			ST RICHLAND IN	1C
	Iff-Site Address:			202	5 BATTEL	LEBLVD		
City	RICHLAND	County	Benton	State	e WA	ZIP	99354	Country (Non-US)
	Is location under control of rep	porting facility or parer	it company?			[]Yes	[ <b>X</b> ] No	
	A. Total Transfer (pour (Enter range code** or		B. Basis of Estimate (Enter code)					Freatment/Disposal/ ecovery (Enter code)
1	.4.1	courratey	1.0		1. M64		cycling/Linergy No	
_					_			
<u> </u>	Off-Site EPA Identification Numbe Iff-Site Location Name:	r (RORA ID No.)			89009000			
	ff-Site Address:				DOE, NN		CURITY SITE	
								10. star
City	MERCURY	County	Nye	State	⇒ NV	ZP	89023	Country (Non-US)
	Is location under control of rep	orting facility or parer	it company?			[]Yes	[ <b>X</b> ] No	
	A. Total Transfer (pour (Enter range code** or		B, Basis of Estimate (Enter code)	1				Freatment/Disposal/ ecovery (Enter code)
1	. 0.5		1.0		1. M94		, , ,	
6240	Off-Site EPA Identification Numbe				9805911	_		
	ff-Site Location Narre:					_	SOLUTIONS LL	C
0	ff-Site Address:			_	E96TH			
City	HENDERSON	County	Adams				80640	Country
		County	Adams	State	• 00	ZIP	80640	(Nor-ÚS)
	Is location under control of rep		t company?			[]Yes	[ <b>X</b> ] No	
	A. Total Transfer (pour (Enter range code** or		B. Basis of Estimate (Enter code)					Freatment/Disposal/ ecovery (Enter code)
1.	. 462.4	courracy	1.0	-	1. <b>M6</b> 4		cycling/Energy ne	
6.2.5 0	Off-Site EPA Identification Number	r (RORA ID No.)		NM4	8901390	88		
0	ff-Site Location Name:						ATION PILOT PL	ANT
0	ff-Site Address:						LSBAD ON	
City	CARLSBAD	County	Eddy	State	NM	ZIP	88220	Country (Non-US)
	Is location under control of rep	orting facility or paren	t company?			[]Yes	[ <b>X</b> ] No	
	A. Total Transfer (pour (Enter range code** or		B. Basis of Estimate (Enter code)			C	Type of Waste T	Freatment/Disposal/ ecovery (Enter code)
1.	.2913.3		1.0		1. <b>M4</b> 1			
6.2.6 0	Off-Site EPA Identification Number	(RORA ID No.)		NMO	9866835	63		
	f-Site Location Name:				TEMGM		MEXICO	
Of	f-Site Address:						LOOP NE	

1

City	RIO RANCHO		County	Sandoval	State	e NM	ZIP	87124	Country (Non-US)
	ls location under co	ntrol of reporting f	acility or parent	company?			[]Yes	;[ <b>X</b> ]No	
	A. Total Tran (Enter range	sfer (pounds/yea code** or estima	r*) te)	B. Basis of Est (Enter cod				C Type of Waste Treatn ecycling/Energy Recove	
1.	0.3			1. <b>0</b>		1. <b>M64</b>			
3.2.7 C	ff-Site EPA Identificat	ion Number (RCR/	AID No.)		TXD	98808846	4		
Of	f-Site Location Name:				WAS	STE CONT	ROL SP	ECIALISTS	
Of	f-Site Address:				999	B W STAT	EHIGHM	/AY 176	
Dity	ANDREWS		County	Andrews	Stat	a TX	ZIP	797149100	Country (Non-US)
	ls location under co	ntrol of reporting f	acility or parent	company?			[]Yes	; [ <b>X</b> ] No	
		sfer (pounds/yea code** or estima		B. Basis of Est (Enter cod			( Ri	C. Type of Waste Treatr ecycling/Energy Recove	ment/Disposal/ ery (Enter code)
1.	51.8			1. <b>O</b>		1. <b>M6</b> 4	l I		
SECTIC	N 7A. ONSITE WAST	E TREATMENT ME	THODS AND ET	ICIENCY					
] Not A	Applicable (NA) - Che	ckhere if no on-s	ite waste treatm	ent is applied to any waste s	stream containing	the toxic ch	nerrical or	chemical category.	
-	a. General Vaste Stream (enter code)			atment Method(s) Sequence 3-character code(s)]				c. Waste Tre Bficien Estime	юу
	7A.1a			7A.1b				7A 1	С
	W	2: <b>H12</b>	3 3:H077 4:	H082 5: H124 6: H129	7 : <b>H122</b>			E3	
_	7A.2a			7A 2 b				7A 2	C
	S			2: <b>H101</b>				<b>E</b> 6	

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[				मा	Facility ID Number		
	EPA FORM R			87	545LSLMSLOSAL		
	PART II. CHEMICAL - SPECIFIC INFORMAT	ION (CON	TINUED)	То	xic Cherrical, Category,	or Generic	Name
				Le	ad		
SECTION	17B. ON-SITE ENERGY RECOVERY PROCESSES						
	- Check here if no on-site energy recovery is applied to any waste						
	ontaining the toxic chemical or chemical category. Recovery Methods [Enter 3-character code(s)]						
	17C. ON-SITE RECYCLING PROCESSES						
	<ul> <li>Oneck here if no on-site recycling is applied to any waste ontaining the toxic cherrical or cherrical category.</li> </ul>						
	g Methods [Enter 3-character code(s)]						
SECTION	18, SOURCE REDUCTION AND WASTE MANAGEVENT				Column B		- Column D
				olunn A ior Year	<b>Ourrent Reporting</b>	Column Following	Second Following
				inds/year*)	Year (pounds/year*)	(pounds/ye	
	8.1 - 8.7 Production-Related Waste Managed		1 constant	The second	(poundarycan)	5-10-	(pouries/year)
	Total on-site disposal to Class I						
8.1a	Underground Injection Wells, RORA Subtitle Clandfills, and other landfills		NA		NA	NA	NA
8.1b	Total other on-site disposal or other		1142.439		1848.932	1500	1500
	releases Total off-site disposal to Class I						
8.1c	Underground Injection Wells, RORA		17405.6		12987.2	5000	5000
	Subtitle Clandfills, and other landfills Total other off-site disposal or other						
8.1d	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	INA
8.7	Quantity treated off-site		NA		NA	NA	INA
8.8	Non-production-related waste managed**		1		NA		
8.9	[] Production ratio or [X] Activity ratio (select one and enter value t	to right)			1.29		
8.10	Did your facility engage in any new ly implemented source reduction year? If so, complete the following section; if not, check NA.	n activities fo	r this cherrical	during the reporting	NA [ <b>X]</b>		
	Source Reduction Activities (Enter code(s))		Method	s to Identify Activity (	(Enter code(s))		Estimated annual reduction (Enter code(s)) (optional)
8.10.1							

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"For Dioxin and Dioxin-like Corpounds, 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 Nurrt	e.
87545LSLMSLO	SAL
Toxic Chemical, Ca	egory, or Generic Name
Lead	
Leao	
	I information on source reduction, recycling, or pollution control activities.
	I information on source reduction, recycling, or pollution control activities.
	I information on source reduction, recycling, or pollution control activities.
Additional option	I information on source reduction, recycling, or pollution control activities. u wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.

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