

## **APPENDIX F**

### **2007 VA TRI Reporting Forms**

(IMPORTANT: Type or print; read instructions before completing form)

Form Approved OMB Number: 2070-0093  
Approval Expires: 01/31/2010

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 <b>EPA</b> United States Environmental Protection Agency		<b>FORM R</b> Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also Known as Title III of the Superfund Amendments and Reauthorization Act		TRI Facility ID Number	
WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P. O. Box 1513 Lanham, MD 20703-1513		2. APPROPRIATE STATE OFFICE (See instructions in Appendix E)			
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank.		Revision (enter up to two code(s)) <input type="text"/> <input type="text"/>		Withdrawal (enter up to two code(s)) <input type="text"/> <input type="text"/>	
<b>IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.</b>					
<b>PART 1. FACILITY IDENTIFICATION INFORMATION</b>					
<b>SECTION 1. REPORTING YEAR</b> _____					
<b>SECTION 2. TRADE SECRET INFORMATION</b>					
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 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)			
<b>SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)</b> I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.					
Name and official title of owner/operator or senior management official:			Signature:		Date Signed:
<b>SECTION 4. FACILITY IDENTIFICATION</b>					
4.1 Facility or Establishment Name			TRI Facility ID Number		
Facility or Establishment Name			Facility or Establishment Name or Mailing Address (if different from street address)		
Street			Mailing Address		
City/County/State/Zip Code			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 type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input type="checkbox"/> A Federal facility d. <input type="checkbox"/> GOOD					
4.3 Technical Contact Name			Telephone Number (include area code)		
Email Address					
4.4 Public Contact Name			Telephone Number (include area code)		
Email Address					
4.5 NAICS Code (a) (6 digits)		Primary a.                      b.                      c.                      d.                      e.                      f.			
4.6 Dan & Beadstreet Number (a) (9 digits)		a.                      b.			
<b>SECTION 5. PARENT COMPANY INFORMATION</b>					
5.1 Name of Parent Company		NA <input type="checkbox"/>			
5.2 Parent Company's Dan & Beadstreet Number		NA <input type="checkbox"/>			

EPA Form 9330 -1 (Rev. 01/2006) - Previous editions are obsolete.



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<b>FORM R</b>				TRI Facility ID Number	
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)				Toxic Chemical, Category or Generic Name	
<b>SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON SITE (continued)</b>					
		NA	<b>A. Total Release</b> (pounds/year*) (enter range code ** or estimate )	<b>B. Basis of Estimate</b> (enter code)	
5.4.1	Underground Injection onsite to Class I Wells	<input type="checkbox"/>			
5.4.2	Underground Injection onsite to Class II-V Wells	<input type="checkbox"/>			
5.5	Disposal to land onsite	<input type="checkbox"/>			
5.5.1A	RCRA Subtitle C landfills	<input type="checkbox"/>			
5.5.1B	Other landfills	<input type="checkbox"/>			
5.5.2	Land treatment/application farming	<input type="checkbox"/>			
5.5.3A	RCRA Subtitle C surface impoundments	<input type="checkbox"/>			
5.5.3B	Other surface impoundments	<input type="checkbox"/>			
5.5.4	Other disposal	<input type="checkbox"/>			
<b>SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS</b>					
<b>6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)</b>					
<b>6.1.A Total Quantity Transferred to POTWs and Basis of Estimate</b>					
6.1.A.1 Total Transfers (pounds/year*) (enter range code ** or estimate)			6.1.A.2 Basis of Estimate (enter code)		
6.1.B <input type="checkbox"/> POTW Name					
POTW Address					
City		State		County	Zip
6.1.B <input type="checkbox"/> POTW Name					
POTW Address					
City		State		County	Zip
If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box <input type="checkbox"/> and indicate the Part II, Section 6.1 page number in this box <input type="checkbox"/> (example: 1,2,3, etc.)					
<b>SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS</b>					
6.2. <input type="checkbox"/> Off-Site EPA Identification Number (RCRA ID No.)					
Off-Site Location Name					
Off-Site Address					
City		State		County	Zip
					Country (Non-US)
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EPA Form 9350 -1 (Rev. 01/2008) - Previous editions are obsolete.

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

(IMPORTANT: Type or print; read instructions before completing form)

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<b>FORM R</b>						TRI Facility ID Number			
<b>PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)</b>						Toxic Chemical, Category or Generic Name			
<b>SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (CONTINUED)</b>									
<b>A. Total Transfers</b> (pounds/year*) (enter range code**or estimate)		<b>B. Basis of Estimate</b> (enter code)			<b>C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery</b> (enter code)				
1.		1.			1. M				
2.		2.			2. M				
3.		3.			3. M				
4.		4.			4. M				
6.2		Off-Site EPA Identification Number (RCRA ID No.)							
Off-Site Location Name									
Off-Site Address									
City		State		County		Zip			
Is location under control of reporting facility or parent company?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>A. Total Transfers</b> (pounds/year*) (enter range code**or estimate)		<b>B. Basis of Estimate</b> (enter code)			<b>C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery</b> (enter code)				
1.		1.			1. M				
2.		2.			2. M				
3.		3.			3. M				
4.		4.			4. M				
<b>SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY</b>									
<input type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.									
<b>a. General Waste Stream</b> [enter code]		<b>b. Waste Treatment Method(s) Sequence</b> [enter 3- or 4- character code(s)]				<b>d. Waste Treatment Efficiency</b> [enter 2 character code]			
7A.1a		7A.1b				7A.1d			
3		4		2					
6		7		5					
7A.2a		7A.2b				7A.2d			
3		4		2					
6		7		5					
7A.3a		7A.3b				7A.3d			
3		4		2					
6		7		5					
7A.4a		7A.4b				7A.4d			
3		4		2					
6		7		5					
7A.5a		7A.5b				7A.5d			
3		4		2					
6		7		5					
If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7 page number in this box: <input type="checkbox"/> (example: 1,2,3,etc.)									

EPA Form 9350 -1 (Rev. 01/2008) - Previous editions are obsolete.

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

(IMPORTANT: Type or print; read instructions before completing form)

Form Approved OMB Number: 2070-0093  
Approval Expires: 01/31/2010

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<b>FORM R</b>		TRI Facility ID Number		
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		Toxic Chemical, Category or Generic Name		
<b>SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES</b>				
<input type="checkbox"/> Not Applicable (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)]				
1	2	3		
<b>SECTION 7C. ON-SITE RECYCLING PROCESSES</b>				
<input type="checkbox"/> Not Applicable (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)]				
1	2	3		
<b>SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES</b>				
	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*)
<b>8.1</b>				
<b>8.1a</b>	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills			
<b>8.1b</b>	Total other on-site disposal or other releases			
<b>8.1c</b>	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills			
<b>8.1d</b>	Total other off-site disposal or other releases			
<b>8.2</b>	Quantity used for energy recovery onsite			
<b>8.3</b>	Quantity used for energy recovery offsite			
<b>8.4</b>	Quantity recycled onsite			
<b>8.5</b>	Quantity recycled offsite			
<b>8.6</b>	Quantity treated onsite			
<b>8.7</b>	Quantity treated offsite			
<b>8.8</b>	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)*			
<b>8.9</b>	Production ratio or activity index			
<b>8.10</b>	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
<b>8.10.1</b>		a.	b.	c.
<b>8.10.2</b>		a.	b.	c.
<b>8.10.3</b>		a.	b.	c.
<b>8.10.4</b>		a.	b.	c.
<b>8.11</b>	If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, check "Yes."			Yes <input type="checkbox"/>

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

Form Approved OMB Number: 2070-0143

Approval Expires: 01/31/2010

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(IMPORTANT: Type or print; read instructions before completing form)

 <b>TOXIC RELEASE INVENTORY</b> <b>FORM A</b>		TRI Facility ID Number  
United States Environmental Protection Agency		
WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P. O. Box 1513 Lanham, MD 20703-1513		
2. APPROPRIATE STATE OFFICE (See instruction in Appendix E)		
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank.	<b>Revision (enter up to two code(s))</b> <input type="text"/> <input type="text"/>	<b>Withdrawal (enter up to two code(s))</b> <input type="text"/> <input type="text"/>
<b>IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.</b>		
<b>PART 1. FACILITY IDENTIFICATION INFORMATION</b>		
<b>SECTION 1. REPORTING YEAR</b> _____		
<b>SECTION 2. TRADE SECRET INFORMATION</b>		
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)	2.2
	<input type="checkbox"/> No (Do not answer 2.2; Go to Section 3)	Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)
<b>SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)</b>		
Pursuant to 40 CFR 372.27(a)(1), "I hereby certify that to the best of my knowledge and belief for the toxic chemical(s) listed in this statement, for this reporting year, the annual reportable amount for each chemical, as defined in 40 CFR 372.27(a)(1), did not exceed 5,000 pounds, which included no more than 2,000 pounds of total disposal or other releases to the environment, and that the chemical was manufactured, or processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year;" and/or		
Pursuant to 40 CFR 372.27(a)(2), "I hereby certify that to the best of my knowledge and belief for the toxic chemical(s) of special concern listed in this statement, there were zero disposals or other releases to the environment (including disposals or other releases that resulted from catastrophic events) for this reporting year, the "Annual Reportable Amount of a Chemical of Special Concern" for each such chemical, as defined in 40 CFR 372.27(a)(2), did not exceed 500 pounds for this reporting year, and that the chemical was manufactured, or processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year."		
Name and official title of owner/operator or senior management official:		Signature:
		Date Signed:
<b>SECTION 4. FACILITY IDENTIFICATION</b>		
4.1 Facility or Establishment Name		TRI Facility ID Number
Facility or Establishment Name or Mailing Address (if different from street address)		
Street		Mailing Address
City/Country/State/Zip Code		City/State/Zip Code
		Country (Non-US)
4.2 This report contains information for: (Important: Check c or d if applicable)		
		c. <input type="checkbox"/> A Federal Facility
		d. <input type="checkbox"/> GOCO
4.3 Technical Contact Name		Telephone Number (include area code)
Email Address		
4.4 Public Contact Name		Telephone Number (include area code)
Email Address		
4.5 NAICS Code (s) (6 digits)		
a.		
b.		
c.		
d.		
e.		
f.		
4.6 Dun & Bradstreet Number (s) (9 digits)		
a.		
b.		
<b>SECTION 5. COMPANY INFORMATION</b>		
5.1 Name of Parent Company		NA <input type="checkbox"/>
5.2 Parent Company's Dun & Bradstreet Number		NA <input type="checkbox"/>

EPA Form 9330-2 (Rev. 01/2008) - Previous editions are obsolete.

(IMPORTANT: Type or print; read instructions before completing form)

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<b>EPA FORM A</b>		TRI Facility ID Number: _____
<b>PART II. CHEMICAL IDENTIFICATION</b> <small>Do not use this form for reporting Dioxin and Dioxin-like Compounds*</small>		
<b>SECTION 1. TOXIC CHEMICAL IDENTITY</b>		<b>Report <u>   </u> of <u>   </u></b>
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.)	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)	
<b>SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)</b>		
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	
<b>SECTION 1. TOXIC CHEMICAL IDENTITY</b>		<b>Report <u>   </u> of <u>   </u></b>
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.)	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)	
<b>SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)</b>		
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	
<b>SECTION 1. TOXIC CHEMICAL IDENTITY</b>		<b>Report <u>   </u> of <u>   </u></b>
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.)	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)	
<b>SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)</b>		
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	

\*See the TRI Reporting Forms and Instructions Manual for the TRI-listed Dioxin and Dioxin-like Compounds  
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