Page	1	of	
------	---	----	--

9	United States Environmental Protection Agency	on	TOX	ICS		LEA FOI			ENTORY
WHE	RE TO SEND COMPLETED	FORMS: 1. TRI Data Processir P. O. Box 10163 Fairfax, VA 22038	0			STATE O			TRI Facility ID Number
	ection only applies if you are usly submitted form, otherwis		Revision	(Enter	ip to two	o code(s))		Withdraw	val (Enter up to two code(s))
IMPO	ORTANT: See instructions t	o determine when "Not Applic	cable (NA)" box	es shoul	d be che	cked.			
		PART I. FACILI	TY IDENTI	FICAT	TION I	NFORM	MATIC	DN	
SEC	FION 1. REPORTING Y	(EAR							
SEC	FION 2. TRADE SECRI	ET INFORMATION							
2.1	Are you claiming the toxic cl Yes (Answer question attach substantiati			2.2 Is	his copy		☐ Saniti (Answ	zed ver only if "Ye	Unsanitized es" in 2.1)
SEC	FION 3. CERTIFICATI	ON (Important: Read a	nd sign after o	complet	ing all f	orm sect	tions.)		
40 CF		y knowledge and belief, for each 00 pounds for this reporting year ing this reporting year.							
Name	and official title of owner/ope	erator or senior management offi	cial:	Signatur	e:				Date signed:
SEC	FION 4. FACILITY IDE	NTIFICATION							
	Facility or Establishment Na	ame		TRI Fa	cility ID	Number			
4.1	Physical Street Address			Mailing	Address	s (if differe	ent from	physical stree	et address)
	City/County/State/ZIP Code			City/Sta	ate/ZIP C	Code			Country (Non-US)
4.2	This report contains informat	tion for: (Important: Check c or	d if applicable)			c. 🗌	] A Feder	ral facility	d. GOCO
4.3	Technical Contact Name						Telepho	one Number (i	include area code)
4.3	Email Address								
4.4	Public Contact Name						Telepho	one Number (i	include area code)
	Email Address					1			
4.5	NAICS Code(s) (6 digits)	Primary a. b.	c.			d.		e.	f.
4.6	Dun & Bradstreet Number(s) (9 digits)	a. b.							
SEC	I FION 5. PARENT COM	PANY INFORMATION							
5.1	Name of U.S. Parent Compa (for TRI Reporting purposes	any							Parent Company Reporting purposes)
5.2	Parent Company's Dun & Bi	radstreet Number NA							

EPA Form 9350 -2 (Rev. 10/2011) - Previous editions are obsolete.

	EPA FORM A	TRI Facility ID Number
	PART II. CHEMICAL IDENTIFICATION	
	Do not use this form for reporting PBT chemicals, including Dioxin and Dioxin-like Compounds*	
SEC		of
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if repo	rting 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	t.)
1.2		
1.2	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be struct	urally descriptive.)
1.3		
SEC	TION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Sect	ion 1 above)
	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces,	and punctuation.)
2.1		
SEC	TION 1. TOXIC CHEMICAL IDENTITY Report	of
	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if repo	rting a chemical category.)
1.1		
	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list	t.)
1.2		
	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be struct	urally descriptive.)
1.3		
SEC	TION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Sect	ion 1 above)
bLC	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces,	
2.1	Concre enemie a runne riovided by Supplier (important: shaximum of 70 characters, including numbers, ieters, spaces,	
SEC	TION 1. TOXIC CHEMICAL IDENTITY Report	of
BEC	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if repo	
1.1	CAS Number (important. Enter only one number exactly as it appears on the section 515 list. Enter category code it repo	iting a chemical category.)
	The is Observiced an Observiced Casterna Name (Instantiate Enternalised and a second	( )
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list	t.)
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be struct	urally descriptive.)
SEC	TION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Sect	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces,	and punctuation.)
SEC	TION 1. TOXIC CHEMICAL IDENTITY Report	of
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if repo	rting 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	t.)
1.4		
1 2	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be struct	urally descriptive.)
1.3		
SEC	TION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Sect	ion 1 above)
	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces,	and punctuation.)
2.1		

\*See the TRI Reporting Forms and Instructions manual for the list of PBT Chemicals (including Dioxin and Dioxin-like Compounds)

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					т					TRI Fac	ility ID Numł	ber		
	🗩 EPA				ľ	OR	RM R							
							Planning and so Known as			т : с	1 1 0 /		C 'N	
	ted States ironmental Prote	ction A a	S				eauthorizatio		ule	Toxic C	hemical, Cate	gory, c	or Generic Name	
		-	-											
WH	ERE TO SEND COM	<b>IPLETED</b>	FORMS:			ata Pro Box 101	cessing Cente	er			RIATE STAT uctions in Ap			
						x, VA 2				(See msu)	uctions in Ap	pendix	L)	
	section only applies if	f you are	Revision	(Enter	up to tw	o code	e(s))			Withd	rawal (En	ter u	p to two code(s))	
	iously submitted form,	,												
-	rwise leave blank.													
IMP	ORTANT: See instru													
			PART I	I. FAC	LITY	IDEN	TIFICA	FION I	NFOI	RMAT	ION			
SE	CTION 1. REP	ORTIN	G YEA	R										
SE	CTION 2. TRA	DE SE	CRET I	INFOR	MATIC	N								
2.1	Are you claiming the			fied on pag					2.2	Is this co	opy 🗌 San	itized	Unsanitized	
2.1	Yes (Answer of attach sub	question 2.2 ostantiation			No	· ·	o not answer 2 to Section 3)	2.2;	2.2	(Answer	only if "Yes'	" in 2.1	)	
SE	CTION 3. CEF	RTIFIC	ATION	(Imp	ortant:	Read	d and sig	n after o	comp		all form s			
	eby certify that I have the amounts and value												true and complete and	
	e and official title of o	-					Signature:	uata availa		ie prepare	is of this tep		signed:	
		1		0			U						U	
SF	CTION 4. FAC	II ITV	IDENT	FICAT	ION									
BL	Facility or Establishn				TRI Facili	tv ID Ni	umber							
						<i>.</i>								
4.1	Physical Street Addre	ess		ŀ	Mailing A	ddress (	if different fr	om physica	al street	address)				
	City/County/State/ZI	P Code			City/State/	ZIP Co	de					Cour	ntry (Non-US)	
													· · · · · · · · · · · · · · · · · · ·	
4.2	This report contains i (Important: Check a				a.	An ent facility		Part facili		с.	A federa	.1	d. GOCO	
	•		e or e r u	spireuoie)		iuciiity	/	14011				umber	(include area code)	
4.3	Technical Contact Na	ame								F				
	Email Address													
	<u> </u>									I	Telephone N	umber	(include area code)	
4.4	Public Contact Name	•								ŀ	1		· /	
	Email Address													
	NAICS Code(s)	Primary				I								
4.5	(6 digits)	a.		b.		c.		d.		e.			f.	
4.6	Dun & Bradstreet	a.								I				
	Number(s) (9 digits)	b.												
SE	CTION 5. Pare	nt Com	pany In	formati	on									
5.1										No	U.S. Parent	Comp	any 🗌	
	(for TRI Reporting p										or TRI Report	-	·	
5.2	Parent Company's D	un & Brads	street	NA 🔽	7					1				
	Number													

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		T			TR	I Facility ID Number							
		ľ	<b>TORM R</b>										
	Part II. (	CHEMICAI	L-SPECIFIC INFORM	ATION	Тох	cic Chemical, Category, or Generic Name							
	TION 1. TOXIC CH ortant: DO NOT complete		DENTITY you are reporting a mixture com	ponent in Section 2 bel	ow.)								
1.1 (	CAS Number (Important: E	Enter only one nu	imber exactly as it appears on the	Section 313 list. Enter ca	ategory cod	e if reporting a chemical category.)							
1.2	Foxic Chemical or Chemica	al Category Nam	e (Important: Enter only one name	e exactly as it appears on	the Section	n 313 list.)							
1.3	Generic Chemical Name (In	nportant: Compl	ete only if Part I, Section 2.1 is ch	ecked "Yes". Generic Na	ame must b	e structurally descriptive.)							
SEC	TION 2. MIXTURE	COMPONE	ENT IDENTITY (Impor	tant: DO NOT complete	e this section	on if you completed Section 1.)							
2.1	Generic Chemical Name Pro	ovided by Suppli	ier (Important: Maximum of 70 ch	naracters, including numb	pers, letters,	, spaces, and punctuation.)							
	TION 3. ACTIVITI		ES OF THE TOXIC CHE	MICAL AT THE	FACILI	ТҮ							
3.1	Manufacture the toxic cl	hemical:	3.2 Process the toxic ch	emical:	3.3 Othe	erwise use the toxic chemical:							
	a. Produce b. Import   If Produce or Import a. As a reactant a.   C. For on-site use/processing b. As a formulation component   d. For sale/distribution c. As a narticle component c.   e. As a byproduct As a impurity. As an impurity.												
	f. As an impurity TION 4. MAXIMUN ENDAR YEAR	M AMOUNT	OF THE TOXIC CHEM	IICAL ON-SITE A	T ANY	TIME DURING THE							
4.1	(Enter	two digit code f	rom instruction package.)										
SEC	TION 5. QUANTITY	Y OF THE 1	TOXIC CHEMICAL ENT	<b>TERING EACH EN</b>	VIRON	MENTAL MEDIUM ON-SITE							
			<b>Cotal Release</b> (pounds/year*) Enter a range code** or estimate)	<b>B. Basis of Estimate</b> (Enter code)		C. Percent from Stormwater							
5.1	Fugitive or non-point air emissions	NA											
5.2	Stack or point air emissions	NA											
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA											
	Stream or Water Body Na	ame		[									
5.3.1													
5.3.2 5.3.3													
If add	itional pages of Part II, Sec dicate the Part II, Section 5		ched, indicate the total number of pain this box.	pages in this boxnple: 1, 2, 3, etc.)									

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\*For Dioxin or 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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### FORM R

TRI Facility ID Number

### Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

Toxic Chemical, Category, or Generic Name

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

		NA	A. Total Release code** or estim		*) (Ente	r a range	B.	Basis of I (Enter co	
5.4.1	Underground Injection on-site to Class I Wells								
5.4.2	Underground Injection on-site to Class II-V Wells								
5.5	Disposal to land on-site								
5.5.1A	RCRA Subtitle C landfills								
5.5.1B	Other landfills								
5.5.2	Land treatment/application farming								
5.5.3A	RCRA Subtitle C surface impoundments								
5.5.3B	Other surface impoundments								
5.5.4	Other disposal								
SECT	ION 6. TRANSFER(S) C	F THF	TOXIC CHEM	IICAL IN	WAS'	TES TO	O OFF	-SITE I	LOCATIONS
6.1	DISCHARGES TO PUBLIC	LYOW	ED TREATMENT	WORKS (P	OTWs)			NA	]
6.1	POTW Name								
POTW A	Address								
City			County				State		ZIP
	A. Quantity Transferro (pounds/year*) (Er		POTW code**or estimate)					is of Estin ter code)	nate
	onal pages of Part II, Section 6.1 cate the Part II, Section 6.1 page			number of pa Example: 1, 2	-				
SECTIO	ON 6.2 TRANSFERS TO OTH	ER OFF	-SITE LOCATION	5 NA [					
6.2	Off-Site EPA Identification Nun	nber (RCl	RA ID No.)						
Off-Site	Location Name:								
Off-Site	Address:								
City			County	State			ZIP		Country (non-US)
Is this lo	cation under control of reporting	facility of	r parent company?			Yes		No	)
EPA form	n 9350 -1 (Rev. 10/2011) – Previ	ous editio	ns are obsolete.		**Pane				n-like compounds, report in grams/yea B= 11-499 pounds: C= 500-999 pounds

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

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		FORM R		TRI Facility	
Part II. CH	HEMICAL-SPE	CIFIC INFORMATION	N (CONTINUED)	Toxic Chem	ical, Category, or Generic Name
SECTION 6.2. TRAN	SFERS TO OTHER	OFF-SITE LOCATION (CONT)	INUED)		
A. Total Transfer (po (Enter a range code		<b>B. Basis of Estimate</b> (Enter code)			Treatment/Disposal/ rgy Recovery (Enter code)
(Enter a range code	of estimate)	(Enter code)			igj needvery (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 Nam	e:				
Off-Site Address:					
City		County State	e ZIP	Coun	try (non-US)
	1 7	ity or parent company?	Yes No	]	
A. Total Transfer (per (Enter a range code	ounds/year*) ** or estimate)	<b>B. Basis of Estimate</b> (Enter code)			Treatment/Disposal/ rgy Recovery (Enter code)
1.		1.		1. M	
2.		2.		2. M	
3.		3.		3. M	
4.		4.		4. M	
SECTION 7A. O	N-SITE WASTE	TREATMENT METHOD	S AND EFFICIEN	ĊY	
Not Applicable (N	VA) - Check here if no	on-site waste treatment method is a	applied to any waste stream	containing the toxic	chemical or chemical category.
a. General Waste Streat (Enter code)		b. Waste Treatment M (Enter 3- or 4-chara	lethod(s) Sequence		c. Waste Treatment Efficiency (Enter 2 character code)
7A.1a	7A.1b	1	2 5		7A.1c
	3	4 7	8		-
7A.2a	7A.2b	1	2		7A.2c
	3	4	5		
	6	7	8		
7A.3a	7A.3b	4	2		7A.3c
	3 6	7	5		
7A.4a	7A.4b	1	2		7A.4c
	3	4	5		
	6	7	8		
7A.5a	7A.5b	1 4	2 5		7A.5c
	3 6	7	8		-
If additional pages of P and indicate the Part II,	art II, Section 6.2/7.A	are attached, indicate the total num	ber of pages in this (Example: 1, 2, 3, etc.)	box	1
	. 10/2011) – Previous e		-	ovin or Diovin like a	compounds, report in grams/year

\*For Dioxin or 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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Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED) Toxic Chemical, Category,   SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES	v, or Generic Name												
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 RECYLING 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))													
1. 2. 3.													
SECTION 8. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVI	ITIES												
	mn D nd Following Year nds/year*)												
8.1													
8.1a Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills													
8.1b Total other on-site disposal or other releases													
8.1c Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills													
8.1d Total other off-site disposal or other releases													
8.2 Quantity used for energy recovery on-site													
8.3 Quantity used for energy recovery off-site													
8.4 Quantity recycled on-site													
8.5 Quantity recycled off-site													
8.6 Quantity treated on-site													
8.7 Quantity treated off-site													
<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*)													
8.9 Production ratio or activity index													
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													
Source Reduction Activities (Enter code(s)) Methods to Identify Activity (Enter code(s))													
8.10.1 a. b. c.													
8.10.2 a. b. c.													
8.10.3 a. b. c.													
8.10.4 a. b. c.													

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

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TRI Facility ID Number

### FORM R

Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

Toxic Chemical, Category, or Generic Name

#### SECTION 8.11. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVITIES

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

#### SECTION 9. MISCELLANEOUS INFORMATION

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

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IMPORT	ANT: Read instr	uctions	before co	ompleting form;	type or use	e fill-and-pri			oved OMB Number: 2025-00 xpires: 10/31/2014	009	Page 1 of 4
1.00	EPA			,	-1	<b>^</b>		Sche	edule 1	-	TRI Facility ID Number
Agency	nental Protection								CIFIC INFO		· · ·
SEC	CTION 5. QU	5.1	NA	S DIOXIN A	5.2	NA	KE COMP(	5.3	ENTERING EACH E Discharges to receivi (Enter data for one st	ng streams or water be	odies
				e or non- emissions		Stack of air emi			5.3.1	5.3.2	5.3.3
	1										
	2										
-17)	3										
y (1-	4										
egor	5										
e cat	6										
n the	7										
i pu	8										
nodı	9										
com	10										
each	11										
) of (	12										
ams	13										
Mass (grams) of each compound in the category (1-17)	14										
Mas	15				_			_			
D. I	16										
	17										
	tional pages of dicate the Sect					total num		in this bo mple: 1, 2		]	

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## FORM R Schedule 1

TRI Facility ID Number

# PART II. CHEMICAL-SPECIFIC INFORMATION (continued)

SECTION 5. QUANTITY OF DIOXIN AND DIOXIN-LIKE COMPOUNDS ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		Underground	I Injection						5	5.5 Disposa	l to land	on-site				
		5.4.1 NA	5.4.2 NA	5.5.1.A	NA	5.5.1	B	NA	5.5.2	NA	5.5.3A	NA	5.5.3B	NA	5.5.4	NA
		Underground Injection on-site to Class I Wells	Underground Injection on-site to Class II-V Wells	RCRA Standfills	ubtitle C	Other	land	lfills	Land tre applicati	atment/ on farming	RCRA S surface impound		Other sur impound		Other disp	posal
	1															
	2															
(	3															
1-17	4															
ory (	5															
atego	6															
he ci	7															
in t	8															
puno	9															
npo	10															
h co	11															
i eac	12															
s) of	13															
ram	14															
ss (g	15															
C. Mass (grams) of each compound in the category (1-17)	16															
C.	17															

EPA Form 9350-3

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	FORM R Schedule 1														
ł	PART	II. CH		SPECIFIC		IATION (c	ontinued)								
SE	CTION 6.	TRANSFERS	OF DIOXIN AND	DIOXIN-LIKE CO	OMPOUNDS IN V	WASTES TO OFF-	SITE LOCATIONS	5							
	6.1. DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA   6.1 C. Mass (grams) of Each Compound in the Category (1-17)														
	6.1			(	C. Mass (grams) of	Each Compound in	the Category (1-17)								
1		2	3	4	5	6	7	8	9						
10		11	12	13	14	15	16	17							
			6.2 TRANSI	FERS TO OTHER	OFF-SITE LOCA	ATIONS	NA								
	6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS NA   6.2 D. Mass (grams) of each compound in the category (1-17)														
	1.	1	2	3	4	5	6	7	8						
9		10	11	12	13	14	15	16	17						
	2.	1	2	3	4	5	6	7	8						
9		10	11	12	13	14	15	16	17						
	3.	1	2	3	4	5	6	7	8						
9		10	11	12	13	14	15	16	17						
	4.	1	2	3	4	5	6	7	8						
9		10	11	12	13	14	15	16	17						
	6.2			]	D. Mass (grams) of	each compound in th	e category (1-17)								
	1.	1	2	3	4	5	6	7	8						
9		10	11	12	13	14	15	16	17						
	2.	1	2	3	4	5	6	7	8						
9		10	11	12	13	14	15	16	17						
	3.	1	2	3	4	5	6	7	8						
9		10	11	12	13	14	15	16	17						
	4.	1	2	3	4	5	6	7	8						
9	10 11 12 13 14 15 16 17														
If a	dditional pa	ges of Section 6.	1 or 6.2 are attached,	indicate the total num	ber of pages in this	box									
and	indicate th	e Section 6.1 or	6.2 page number in t	his box	(Example: 1,	2, 3, etc.)	]								

#### TRI Facility ID Number

## FORM R Schedule 1 PART II. CHEMICAL-SPECIFIC INFORMATION (continued)

# SECTION 8. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVITIES FOR DIOXIN AND DIOXIN-LIKE COMPOUNDS (current year only)

		8.1a		8.1b		8.1c		8.1d		8.2		8.3	8.4	8.5	8.6		8.7	8.8	
		Total on-site disposal to Class 1 Underground Injection Wells, RCRA Subtitle C landfills, and other landfills		Total other on-site disposal or other releases		Total of disposal Class 1 Undergy Injectio RCRA S C landfi other lat	l to round n Wells, Subtitle ills, and	e		Quantity used al for energy recovery on-site		Quantity for energ recovery off-site	Quantity recycled on-site	Quantity recycled off-site	Quantity treated on-site	1	Quantity Quantity re- treated of re- off-site result of re- actions, cata events, or o events not as with produ- processes		nment as a remedial atastrophic one-time associated luction
	1													 					
	2																		
17)	3																		
y (1-	4													 					
egor	5																		
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Column f. Mass (grams) of each compound in the category (1-17)	15																		
lumn	16																		
Co	17																		

EPA Form 9350-3