

1995 Toxic Chemical Release Inventory

**Emergency Planning and Community
Right-to-Know Act of 1986 Section 313**

Date Published
August 1996



**United States
Department of Energy**

P.O. Box 550
Richland, Washington 99352

Approved for Public Release

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6

7/29/96

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DOE/RL 96-56

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1995 Toxic Chemical Release Inventory

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Environmental
Management
Program

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NA

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Other

Walter Jarama 7/24/96

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 No Yes

7. Release Level

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D. E. Zaloudek
(Print and Sign)

Diane Zaloudek 7-23-96
Date

9. Responsible Manager

S. M. Price
(Print and Sign)

SM Price 7-24-96
Date

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Availability - ESTSC	<input type="checkbox"/>	<input type="checkbox"/>	_____	Predecisional Information	<input type="checkbox"/>	<input type="checkbox"/>	_____
Availability - NTIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ID _____	Programmatic Notice	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Limited Disclosure	<input type="checkbox"/>	<input type="checkbox"/>	_____				

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Reviewer (Print & Sign)	Date	Resolved by Author/Requestor (Print & Sign)	Date

12. ADDITIONAL INFORMATION/COMMENTS:

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Introduction

Memorandum: Delegation of Signature Authority
for the Toxic Chemical Release Inventory

Toxic Chemical Release Inventory Reporting Form R for Ethylene Glycol

INTRODUCTION

Section 313 of the Emergency Planning and Community Right-To-Know Act of 1986 (EPCRA) requires the annual submittal of toxic chemical release information to the U.S. Environmental Protection Agency. Executive Order 12856, *Federal Compliance With Right-to-Know Laws and Pollution Prevention Requirements*, extends the requirements of EPCRA to all Federal agencies. The following document is the August 1996 submittal of the Hanford Site Toxic Chemical Release Inventory report. Included is a Form R for ethylene glycol, the sole chemical used in excess of the established regulatory thresholds at the Hanford Site by the U.S. Department of Energy, Richland Operations Office and its contractors during Calendar Year 1995.

memorandum

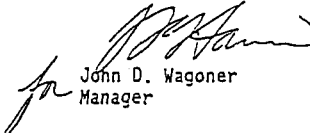
Richland Field Office

DATE: DEC 17 1992
REPLY TO:
ATTN OF: EAP:EBD 93-RPA-072
SUBJECT: DELEGATION OF SIGNATURE AUTHORITY FOR THE TOXIC CHEMICAL RELEASE INVENTORY (SARA 313 TRI REPORT)

to: James D. Bauer, Acting Program Manager
Office of Environmental Assurance,
Permits, and Policy

I hereby delegate signature authority for the Toxic Chemical Release Inventory (SARA 313 TRI Report) to the Program Manager, Office of Environmental Assurance, Permits, and Policy.

Pursuant to 40 CFR Section 372.85, Toxic Chemical Reporting Form and Instructions, part (b)(2), signature authority may be delegated by the manager to a senior management official. This memorandum constitutes formal delegation of such authority to the Program Manager, Office of Environmental Assurance, Permits, and Policy.


John D. Wagoner
Manager



EPA

United States
Environmental Protection
Agency

FORM R

**TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**

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
99352SDPRTP0BOX
Toxic Chemical, Category, or Generic Name
ETHYLENE GLYCOL

**WHERE TO SEND
COMPLETED FORMS:**

1. EPCRA Reporting Center
P.O. BOX 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See Instructions in Appendix F)

Enter "X" here if
this is a revision

For EPA use only

IMPORTANT: See instructions to determine when "Not
Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

**SECTION 1.
REPORTING
YEAR**

1995

SECTION 2. TRADE SECRET INFORMATION

Are you claiming the toxic chemical identified on page 3 trade secret?

2.1

Yes (Answer question 2.2; Attach substantiation forms) No (Do not answer 2.2; Go to Section 3)

2.2

If yes in 2.1, is this copy: Sanitized Unsanitized

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

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

Name and official title of owner/operator or senior management official

JAMES E. RASMUSSEN, DIRECTOR, ENVIRONMENTAL ASSURANCE, PERMITS, & POLICY DIVISION

Signature

James E. Rasmussen

Date Signed

8/1/96

SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name

U. S. DOE HANFORD SITE

TRI Facility ID Number

99352SDPRTP0BOX

Street Address

825 JADWIN AVENUE

City

RICHLAND

County

BENTON

State

WA

Zip Code

99352-3562

Mailing Address: (if different from street address)

POST OFFICE BOX 550

City

RICHLAND

State

WA

Zip Code

99352-0550

PUT LABEL HERE



EPA FORM R

PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
99352SDPRTPOBOX
Toxic Chemical, Category, or Generic Name
ETHYLENE GLYCOL

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check a or b; check c if applicable)	a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input checked="" type="checkbox"/> A Federal Facility																		
4.3	Technical Contact	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">Name ALEX E. TEIMOURI</td> <td style="width: 30%; padding: 2px;">Telephone Number (include area code) (509) 376-6222</td> </tr> </table>	Name ALEX E. TEIMOURI	Telephone Number (include area code) (509) 376-6222																
Name ALEX E. TEIMOURI	Telephone Number (include area code) (509) 376-6222																			
4.4	Public Contact	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">Name KAREN K. RANDOLPH</td> <td style="width: 30%; padding: 2px;">Telephone Number (include area code) (509) 376-8230</td> </tr> </table>	Name KAREN K. RANDOLPH	Telephone Number (include area code) (509) 376-8230																
Name KAREN K. RANDOLPH	Telephone Number (include area code) (509) 376-8230																			
4.5	SIC Code (4-digit)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">a. 9999</td> <td style="width: 12.5%; text-align: center;">b. 9511</td> <td style="width: 12.5%; text-align: center;">c. 4953</td> <td style="width: 12.5%; text-align: center;">d. NA</td> <td style="width: 12.5%; text-align: center;">e.</td> <td style="width: 12.5%; text-align: center;">f.</td> </tr> </table>	a. 9999	b. 9511	c. 4953	d. NA	e.	f.												
a. 9999	b. 9511	c. 4953	d. NA	e.	f.															
4.6	Latitude and Longitude	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Latitude</th> <th colspan="3" style="text-align: center;">Longitude</th> </tr> <tr> <th style="text-align: center;">Degrees</th> <th style="text-align: center;">Minutes</th> <th style="text-align: center;">Seconds</th> <th style="text-align: center;">Degrees</th> <th style="text-align: center;">Minutes</th> <th style="text-align: center;">Seconds</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">046</td> <td style="text-align: center;">30</td> <td style="text-align: center;">00</td> <td style="text-align: center;">119</td> <td style="text-align: center;">30</td> <td style="text-align: center;">00</td> </tr> </tbody> </table>	Latitude			Longitude			Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	046	30	00	119	30	00
Latitude			Longitude																	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds															
046	30	00	119	30	00															
4.7	Dun & Bradstreet Number(s) (9 digits)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">a. 034456186</td> </tr> <tr> <td style="padding: 2px;">b. NA</td> </tr> </table>	a. 034456186	b. NA																
a. 034456186																				
b. NA																				
4.8	EPA Identification Number(s) (RCRA I.D.No.) (12 characters)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">a. WA7890008967</td> </tr> <tr> <td style="padding: 2px;">b. NA</td> </tr> </table>	a. WA7890008967	b. NA																
a. WA7890008967																				
b. NA																				
4.9	Facility NPDES Permit Number(s) (9 characters)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">a. WA0003743</td> </tr> <tr> <td style="padding: 2px;">b. WA0025917</td> </tr> </table>	a. WA0003743	b. WA0025917																
a. WA0003743																				
b. WA0025917																				
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">a. NA</td> </tr> <tr> <td style="padding: 2px;">b.</td> </tr> </table>	a. NA	b.																
a. NA																				
b.																				

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	<input type="checkbox"/> NA U.S. DEPARTMENT OF ENERGY
5.2	Parent Company's Dun & Bradstreet Number	<input checked="" type="checkbox"/> NA (9 digits) NA



EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER

99352SDPRTPOBOX

Toxic Chemical, Category, or Generic Name

ETHYLENE GLYCOL

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 000107-21-1
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) ETHYLENE GLYCOL
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.) NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
------------	---

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY (Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	<p style="text-align: right;"><u>If produce or import:</u></p> <p>a. <input type="checkbox"/> Produce</p> <p>b. <input type="checkbox"/> Import</p> <p>c. <input type="checkbox"/> For on-site use/processing</p> <p>d. <input type="checkbox"/> For sale/distribution</p> <p>e. <input type="checkbox"/> As a byproduct</p> <p>f. <input type="checkbox"/> As an impurity</p>
3.2	Process the toxic chemical:	<p>a. <input type="checkbox"/> As a reactant</p> <p>b. <input type="checkbox"/> As a formulation component</p> <p>c. <input type="checkbox"/> As an article component</p> <p>d. <input type="checkbox"/> Repackaging</p>
3.3	Otherwise use the toxic chemical:	<p>a. <input type="checkbox"/> As a chemical processing aid</p> <p>b. <input checked="" type="checkbox"/> As a manufacturing aid</p> <p>c. <input checked="" type="checkbox"/> Ancillary or other use</p>

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

4.1	<input style="width: 40px; height: 20px;" type="text" value="05"/>	(Enter two-digit code from instruction package.)
------------	--	--



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

TRI FACILITY ID NUMBER
99352SDPRTPOBOX
Toxic Chemical, Category, or Generic Name
ETHYLENE GLYCOL

SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A. Total Release (lbs/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	<input type="checkbox"/> NA	1	0	
5.2	Stack or point air emissions	<input type="checkbox"/> NA	0	0	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1	Stream or Water Body Name				
	COLUMBIA RIVER		0	0	NA . X
5.3.2	Stream or Water Body Name				
	TA				. X
5.3.3	Stream or Water Body Name				
					. X
5.4	Underground injections on-site	<input type="checkbox"/> NA	0	0	
5.5	Releases to land on-site				
5.5.1	Landfill	<input type="checkbox"/> NA	0	0	
5.5.2	Land treatment/ application farming	<input checked="" type="checkbox"/> NA	NA		
5.5.3	Surface impoundment	<input type="checkbox"/> NA	0	C	
5.5.4	Other disposal	<input type="checkbox"/> NA	0	0	

Check here only if additional Section 5.3 information is provided on page 5 of this form.



United States
Environmental Protection
Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

99352SDPRTPBOX

Toxic Chemical, Category, or Generic Name

ETHYLENE GLYCOL

SECTION 5.3 ADDITIONAL INFORMATION ON RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

5.3	Discharges to receiving streams or water bodies (enter one name per box)	A. Total Release (pounds/year)(enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.3.4	Stream or Water Body Name			. %
5.3.5	Stream or Water Body Name			. %
5.3.6	Stream or Water Body Name			. %

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B POTW Name and Location Information

6.1.B.01 POTW Name	6.1.B.02 POTW Name
Street Address	Street Address
City	City
County	County
State	State
Zip Code	Zip Code

If additional pages of Part II, Sections 5.3 and/or 6.1 are attached, indicate the total number of pages in this box and indicate which Part II, Sections 5.3/6.1 page this is, here. (example: 1, 2, 3, etc.)



EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
99352SDPRTPOBOX
Toxic Chemical, Category, or Generic Name
ETHYLENE GLYCOL

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.01	Off-site EPA Identification Number (RCRA ID No.)		NA
Off-Site Location Name			
RICHLAND SCHOOL DISTRICT			
Street Address			
615 SNOW AVENUE			
City			County
RICHLAND			BENTON
State	Zip Code	Is location under control of reporting facility or parent company?	
WA	99352	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A. Total Transfers (pounds/year) <small>(enter range code or estimate)</small>	B. Basis of Estimate <small>(enter code)</small>	C. Type of Waste Treatment/Disposal/Recycling/Energy Recovery (enter code)	
1. 500	1. 0	1. M26	
2. NA	2.	2.	
3.	3.	3.	
4.	4.	4.	

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.02	Off-site EPA Identification Number (RCRA ID No.)		NA
Off-Site Location Name			
K KASER, INCORPORATED			
Street Address			
229 NORTH FRUITLAND STREET			
City			County
KENNEWICK			BENTON
State	Zip Code	Is location under control of reporting facility or parent company?	
WA	99336	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A. Total Transfers (pounds/year) <small>(enter range code or estimate)</small>	B. Basis of Estimate <small>(enter code)</small>	C. Type of Waste Treatment/Disposal/Recycling/Energy Recovery (enter code)	
1. 9250	1. 0	1. M26	
2. NA	2.	2.	
3.	3.	3.	
4.	4.	4.	

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box and indicate which Part II, Section 6.2 page this is, here. (example: 1, 2, 3, etc.)



EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

99352SDPRTPOBOX

Toxic Chemical, Category, or Generic Name

ETHYLENE GLYCOL

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.03

Off-site EPA Identification Number (RCRA ID No.)

WAD092300250

Off-Site Location Name

BURLINGTON ENVIRONMENTAL

Street Address

625 SOUTH 32ND STREET

City

WASHOUGAL

County

CLARK

State

WA

Zip Code

98671

Is location under control of reporting
facility or parent company? Yes NoA. Total Transfers (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. 113

1. 0

1. M20

2. 330

2. 0

2. M99

3. NA

3.

3.

4.

4.

4.

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.04

Off-site EPA Identification Number (RCRA ID No.)

WAR000001743

Off-Site Location Name

BURLINGTON ENVIRONMENTAL, INCORPORATED

Street Address

1729 ALEXANDER AVENUE

City

TACOMA

County

PIERCE

State

WA

Zip Code

98401

Is location under control of reporting
facility or parent company? Yes NoA. Total Transfers (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. 1066

1. 0

1. M99

2. NA

2.

2.

3.

3.

3.

4.

4.

4.

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box **03** and indicate which Part II, Section 6.2 page this is, here. **2** (example: 1, 2, 3, etc.)



EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

99352SDPRTPOBOX

Toxic Chemical, Category, or Generic Name

ETHYLENE GLYCOL

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS**6.2.05**

Off-site EPA Identification Number (RCRA ID No.)

WAD058367152

Off-Site Location Name

NORTHWEST ENVIROSERVICES, INCORPORATED

Street Address

1500 AIRPORT WAY SOUTH

City

SEATTLE

County

KING

State

WA

Zip Code

98134

Is location under control of reporting
facility or parent company? Yes No

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 2	1. 0	1. M99
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS**6.2.06**

Off-site EPA Identification Number (RCRA ID No.)

WAD000812909

Off-Site Location Name

PHILIP ENVIRONMENTAL-GEORGETOWN

Street Address

734 SOUTH LUCILLE STREET

City

SEATTLE

County

KING

State

WA

Zip Code

98100

Is location under control of reporting
facility or parent company? Yes No

A. Total Transfers (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. 60	1. 0	1. M26
2. 849	2. 0	2. M99
3. 168	3. 0	3. M95
4. NA	4.	4.

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box [03] and indicate which Part II, Section 6.2 page this is, here. [5] (example: 1, 2, 3, etc.)



EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
99352SDPRTPOBOX
Toxic Chemical, Category, or Generic Name
ETHYLENE GLYCOL

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Treatment Method(s) Sequence (enter 3-character code(s))	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.01a	7A.01b 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	7A.01c	7A.01d	7A.01e
NA			0.00 %	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.02a	7A.02b 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	7A.02c	7A.02d	7A.02e
			0.00 %	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.03a	7A.03b 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	7A.03c	7A.03d	7A.03e
			0.00 %	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.04a	7A.04b 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	7A.04c	7A.04d	7A.04e
			0.00 %	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.05a	7A.05b 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>	7A.05c	7A.05d	7A.05e
			0.00 %	Yes <input type="checkbox"/> No <input type="checkbox"/>

If additional copies of page 7 are attached, indicate the total number of pages in this box and indicate which page 7 this is, here. (example: 1, 2, 3, etc.)



EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
99352SDPRTPOBOX
Toxic Chemical, Category, or Generic Name
ETHYLENE GLYCOL

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

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	4
<input style="width: 100px; height: 20px;" type="text" value="NA"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>

SECTION 7C. ON-SITE RECYCLING PROCESSES

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	4	5
<input style="width: 100px; height: 20px;" type="text" value="R19"/>	<input style="width: 100px; height: 20px;" type="text" value="NA"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
6	7	8	9	10
<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>



EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

99352SDPRTP0BOX

Toxic Chemical, Category, or Generic Name

ETHYLENE GLYCOL

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

All quantity estimates can be reported using up to two significant figures.

		Column A 1994 (pounds/year)	Column B 1995 (pounds/year)	Column C 1996 (pounds/year)	Column D 1997 (pounds/year)
8.1	Quantity released *	48000	2200	2000	2000
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	10000	6900	12000	9000
8.5	Quantity recycled off-site	0	9900	9600	9400
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	0	170	200	200
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				0
8.9	Production ratio or activity index				1.00
8.10	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)			
8.10.1	NA				
8.10.2					
8.10.3					
8.10.4					
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

* Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated on-site or off-site.

1995 Hanford Site Toxic
Chemical Release Inventory

DOE/RL 96-56

July 1996

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