

FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

Toxic Chemical, Category or Generic Name

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (continued)

	NA	A. Total Release (pounds/year*) (enter range code ** or estimate)	B. Basis of Estimate (enter code)
5.4.1	<input type="checkbox"/>	Underground Injection onsite to Class I Wells	
5.4.2	<input type="checkbox"/>	Underground Injection onsite to Class II-V Wells	
5.5		Disposal to land onsite	
5.5.1A	<input type="checkbox"/>	RCRA Subtitle C landfills	
5.5.1B	<input type="checkbox"/>	Other landfills	
5.5.2	<input type="checkbox"/>	Land treatment/application farming	
5.5.3A	<input type="checkbox"/>	RCRA Subtitle C surface impoundments	
5.5.3B	<input type="checkbox"/>	Other surface impoundments	
5.5.4	<input type="checkbox"/>	Other disposal	

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

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

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)
	<input type="text"/>		<input type="text"/>

6.1.B POTW Name

POTW Address

City State County Zip

6.1.B 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 and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 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? Yes No