Form Approved OMB Number: 2025-0009 Approval Expires: 07/31/2014

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(11411)	JKTAIVI. Kead Histractions (	scrote completing for	ii, type of use fini-and-	Jillit TOTTII)	Approvai Expire	cs. 07/31/2014	1 age 1 or
\$	United States Environmental Protection	on	TO	XICS		ASE INVE RM A	ENTORY
WHE	RE TO SEND COMPLETED	P. O. Bo	U		RIATE STATE O instructions in A		TRI Facility ID Number
	ection only applies if you are ously submitted form, otherwi		ng a Revi	sion (Enter u	p to two code(s))	Withdraw	ral (Enter up to two code(s))
IMPO	ORTANT: See instructions	to determine when "]	Not Applicable (NA)"	boxes should	be checked.	<b>'</b>	
		PART I.	FACILITY IDEN	TIFICAT	ION INFORM	MATION	
SEC'	TION 1. REPORTING	YEAR					
SEC'	TION 2. TRADE SECR	ET INFORMATIO	)N				
2.1	Are you claiming the toxic c  Yes (Answer question attach substantiat	n 2.2;	page 2 as a trade secret O (Do not answer 2.2; go to Section 3)		nis copy	Sanitized (Answer only if "Ye	Unsanitized
SEC'	TION 3. CERTIFICATI	ON (Important:	Read and sign aft	er completin	ng all form sect	tions.)	
40 CF	by certify that to the best of m FR 372.27(a), did not exceed 5 acceding 1 million pounds dur	500 pounds for this rep	orting year and that the				
Name	and official title of owner/op	erator or senior manag	gement official:	Signature			Date signed:
SEC	TION 4. FACILITY IDE	NTIFICATION					
	Facility or Establishment N	ame		TRI Faci	lity ID Number		
4.1	Physical Street Address			Mailing	Address (if differ	ent from physical street	t address)
	City/County/State/ZIP Code	e		City/Stat	e/ZIP Code		Country (Non-US)
4.2	This report contains informa	tion for: (Important:	Check c or d if applica	ble)	c	A Federal facility	d. GOCO
12	Technical Contact Name					Telephone Number (in	nclude area code)
4.3	Email Address						
4.4	Public Contact Name					Telephone Number (in	nclude area code)
	Email Address		,				T
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 ΓΙΟΝ 5. PARENT COM	<u> </u>	TION				
5.1	Name of U.S. Parent Compa (for TRI Reporting purpose	any	No U.S. Parent Compa (for TRI Reporting pur				

Parent Company's Dun & Bradstreet Number

NA

(IMPORTANT: Read instructions before completing form; type or use fill-and-print form)

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	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	TION 1. TOXIC CHEMICAL IDENTITY Report o	of
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if report	ting 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 1, Section 2.1 is checked "Yes". Generic Name must be structu	arally descriptive.)
SEC	TION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section	on 1 above)
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, a	and punctuation.)
SEC	TION 1. TOXIC CHEMICAL IDENTITY Report o	of
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if report	ting a chemical category.)
	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.	)
1.2	Total Charles of Charles Category I want (Important 2 Inc.) one mane charly as a appears on the Section St. and	,
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structu	rally descriptive.)
SEC	TION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Secti	on 1 above)
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, a	and punctuation.)
		_
SEC	TION 1. TOXIC CHEMICAL IDENTITY Report o	
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if repor	ting 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 1, Section 2.1 is checked "Yes". Generic Name must be structu	rally descriptive.)
GE C	THOMA MINIMUM COMPONENT IDENTITIES (I	1.1)
SEC	TION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section of Chapters (Inspection) (Important: Maximum of 70 chapters including numbers letters are as	·
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, a	and punctuation.)
SEC	TION 1. TOXIC CHEMICAL IDENTITY Report c	of
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if repor	ting 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 1, Section 2.1 is checked "Yes". Generic Name must be structu	urally descriptive.)
SEC	TION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section is section if you complete this section is you complete this section is you complete this you complete this you complete this you complete this you can be also in your	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, a	and punctuation.)

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

(IMPORTANT: Read instructions before completing form; type or use fill-and-print form) Approval Expires: 07/31/2014 Page 1 of 6 TRI Facility ID Number FORM R Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also Known as Title III of the United States Toxic Chemical, Category, or Generic Name Superfund Amendments and Reauthorization Act Environmental Protection Agency WHERE TO SEND COMPLETED FORMS: TRI Data Processing Center APPROPRIATE STATE OFFICE P. O. Box 10163 (See instructions in Appendix E) Fairfax, VA 22038 This section only applies if you are **Revision** (Enter up to two code(s)) Withdrawal (Enter up to two code(s)) revising or withdrawing a previously submitted form, otherwise leave blank. IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked. PART I. FACILITY IDENTIFICATION INFORMATION **SECTION 1. REPORTING YEAR SECTION 2. TRADE SECRET INFORMATION** Are you claiming the toxic chemical identified on page 2 as a trade secret? Is this copy Sanitized Unsanitized Yes (Answer question 2.2; 2.1 2.2 (Do not answer 2.2; attach substantiation forms) (Answer only if "Yes" in 2.1) go to Section 3) (Important: Read and sign after completing all form sections.) **SECTION 3. CERTIFICATION** 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: **SECTION 4. FACILITY IDENTIFICATION** Facility or Establishment Name TRI Facility ID Number Mailing Address (if different from physical street address) Physical Street Address 4.1 City/County/State/ZIP Code City/State/ZIP Code Country (Non-US) This report contains information for: Part of a A federal GOCO An entire d. (Important: Check a or b; check c or d if applicable) facility facility facility Telephone Number (include area code) Technical Contact Name 4.3 Email Address Telephone Number (include area code) Public Contact Name 4.4 Email Address NAICS Code(s) Primary (6 digits) b Dun & Bradstreet Number(s) (9 digits) **SECTION 5. Parent Company Information** Name of U.S. Parent Company No U.S. Parent Company (for TRI Reporting purposes) (for TRI Reporting purposes)

Parent Company's Dun & Bradstreet

Number

(IMP	ORTANT: Read instructions	s before con	npleting t	form; type or use fill-and-print form)	Approval Ex		1/2014	Page 2 of 6
			FΩ	ORM R		TR	I Facility ID Number	
	Part II. (	CHEMIO	CAL-S	SPECIFIC INFORMATIO	)N	Тох	xic Chemical, Categor	ry, or Generic Name
	CTION 1. TOXIC CH			NTITY are reporting a mixture component i	in Section 2 bel	ow.)		
1.1	CAS Number (Important: I	Enter only o	one numb	per exactly as it appears on the Section 3	313 list. Enter ca	ategory cod	le if reporting a chemi	ical category.)
1.2	Toxic Chemical or Chemica	al Category	Name (I	mportant: Enter only one name exactly	as it appears on	the Section	n 313 list.)	
1.3	Generic Chemical Name (Ir	nportant: C	omplete	only if Part I, Section 2.1 is checked "Y	Yes". Generic N	ame must b	e structurally descrip	tive.)
SEC	CTION 2. MIXTURE	COMP	ONEN'	T IDENTITY (Important: DO	O NOT complet	e this secti	on if you completed	Section 1.)
2.1	Generic Chemical Name Pro	ovided by S	Supplier (	(Important: Maximum of 70 characters,	, including numb	bers, letters	, spaces, and punctua	tion.)
	CTION 3. ACTIVITE cortant: Check all that app		USES	OF THE TOXIC CHEMICA	AL AT THE	FACILI	TY	
3.1	Manufacture the toxic cl	hemical:		3.2 Process the toxic chemical:		3.3 Othe	erwise use the toxic	chemical:
	a. Produce b.	☐ Impor	rt					
	If Produce or Imp	port		a. As a reactant			s a chemical procession s a manufacturing aid	
	c. For on-site use/p			<ul><li>b.  As a formulation component</li><li>c.  As an article component</li></ul>			s a manufacturing and ncillary or other use	L
	<ul><li>d.  For sale/distribut</li><li>e.  As a byproduct</li></ul>	ion		d. Repackaging			,	
	f. As an impurity			e. As an impurity				
	CTION 4. MAXIMUN LENDAR YEAR	M AMOU	UNT O	F THE TOXIC CHEMICAL	ON-SITE A	T ANY	TIME DURING	THE
4.1	(Enter	two digit c	ode from	n instruction package.)				
SEC	CTION 5. QUANTIT	Y OF TH	HE TO	XIC CHEMICAL ENTERIN	G EACH EN	NVIRON	MENTAL MEI	DIUM ON-SITE
				4	is of Estimate ter code)		C. Percent from Sto	ormwater
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								
533	<del></del>							

(Example: 1, 2, 3, etc.)

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box

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		FC	)RM I	R				TRI F	acility ID Numbe	r
	Part II. CHEMICAL-S	PECIF	IC INFO	 PRMAT	ION (	CONTINU	ED)	Toxic	Chemical, Catego	ory, or Generic Name
SECT (conti	ION 5. QUANTITY OF Tonued)	гне то	XIC CHI	EMICAI	ENTI	ERING EAC	HEN	VIRONM	IENTAL ME	DIUM ON-SITE
		NA		lease (pour estimate)		*) (Enter a range	e	B. Basis of E		
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) O	F THE	TOXIC C	HEMIC	AL IN	WASTES T	O OF	F-SITE L	OCATIONS	
6.1	DISCHARGES TO PUBLICE	Y OWNE	D TREATM	IENT WO	RKS (PC	OTWs)		NA		
6.1.B	POTW Name									
POTW .	Address									
City			County		•		State			ZIP
	A. Quantity Transferred to this POTW  (pounds/year*) (Enter range code**or estimate)  B. Basis of Estimate (Enter code)									
	onal pages of Part II, Section 6.1		_		_	_		]		
and indi	cate the Part II, Section 6.1 page				mple: 1,	2, 3, etc.)				
6.2	TRANSFERS TO OTHER OI			S		NA				
6.2	Off-Site EPA Identification Num	ber (RCRA	A ID No.)							
	Location Name:									
	Address:			ı			1	ı		
City			County		State		ZIP		Country (non-U	S)

Is this location under control of reporting facility or parent company? EPA form 9350 -1 (Rev. 07/2011) – 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.

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		FΟ	RM I	R					TRI Fa	cility ID Nu	ımber	
D 4 H C					TION (	CONTIN		• \				
Part II. C	HEMICAL-	SPECIFIC	CINFO	JKMAT	TION (	CONTI	NUEL	<b>)</b> )	Toxic (	Chemical, C	ategory,	, or Generic Name
6.2. TRANSFEI	RS TO OTHER	OFF-SITE LO	OCATIO!	N (CONT	INUED)		-					
A. Total Transfer (p (Enter a range code	oounds/year*)		B. Basis	of Estimat er code)				C	C. Type of W Recycling			isposal/ (Enter code)
1.			1.					1	. M			
2.			2.					2	2. M			
3.			3.					3	3. M			
4.			4.					4	l. M			
6.2 Off-Site EPA	A Identification N	umber (RCRA	. ID No.)									
Off-Site Location Nan	ne:											
Off-Site Address:												
City			County		State		Z	ΊP		Country (no	on-US)	
Is this location under c					Ye	es 🗌	No					
A. Total Transfer (p (Enter a range code				of Estimat er code)	te				C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)			
1.			1.				1	. M				
2.			2.				2	2. M				
3.			3.				3	3. M				
4.			4.					4	l. M			
SECTION 7A. O	N-SITE WA	STE TREA	TMEN	T MET	HODS A	AND EFF	'ICIE	NCY	7			
Not Applicable (I		e if no on-site v						am co	ontaining the			
a. General Waste Strea (Enter code)	ım			aste Treatm Enter 3- or 4		od(s) Sequentr code(s))	ice					reatment Efficiency character code)
7A.1a	7A.1b		1				2					7A.1c
	3		4 7				5 8				_	
7A.2a	7A.2b		1	<del> </del>			2					7A.2c
) / X • in (4)	3		4				5					7A.2C
	6		7				8					
7A.3a	7A.3b		1	<u> </u>			2					7A.3c
	3 6		7				5 8					
7A.4a	7A.4b		1	+			2					7A.4c
	3		4				5					
	6		7				8					
7A.5a	7A.5b		1 4	<u> </u>			2 5					7A.5c
	6		7	<u> </u>			8					
If additional pages of I									box			
and indicate the Part II	i, Section 6.2//.A	page number	in this bo	/X.	(F	Example: 1, 2	2, 3, etc.	.)				

(IMPO	RT.	ANT: Read instructions before completi	ng form; type or use fi	ll-and-print for	n)	Approval Expires: 0	7/31/2014		Page 5 of 6
							TRI Facility	y ID Nur	nber
		F	ORM R						
	P	art II. CHEMICAL-SPECI	FIC INFORMA	ATION (CO	ONT	TINUED)	Toxic Chen	nical, Ca	tegory, or Generic Name
SEC'	ΤI	ON 7B. ON-SITE ENERGY R	ECOVERY PRO	CESSES		,			
	ΙA	Check here if no on-site energy reco	very is applied to any	waste stream co	ntaini	ng the toxic chemical	or chemical	categor	y.
Energy	y R	ecovery Methods (Enter 3-character cod	e(s))						
		1	2	3	3				
SEC'	ΤI	ON 7C. ON-SITE RECYLING	G PROCESSES						
□ N	ΙA	Check here if no on-site recycling is	applied to any waste s	tream containin	g the	toxic chemical or cher	nical catego	ory.	
Recyc	ling	Methods (Enter 3-character code(s))							
		1.	2.	3	s				
SEC'	ΤI	ON 8. DISPOSAL OR OTHEI	R RELEASES, S	OURCE RE	DU	CTION, AND RE	ECYCLI	NG AC	CTIVITIES
				Column A Prior Year (pounds/year*	)	Column B Current Reporting Year (pounds/year*)	Column C Following (pounds/y	Year	Column D Second Following Year (pounds/year*)
8.1									
8.1a		tal on-site disposal to Class I Undergrou RA Subtitle C landfills, and other landfi							
8.1b	To	tal other on-site disposal or other release	es						
		tal off-site disposal to Class I Undergrou RA Subtitle C landfills, and other landfi							
8.1d	To	tal other off-site disposal or other release	es						
8.2	Qu	antity used for energy recovery on-site							
8.3	Qu	antity used for energy recovery off-site							
8.4	Qu	antity recycled on-site							
8.5	Qu	antity recycled off-site							
8.6	Qu	antity treated on-site							
8.7	Qu	antity treated off-site							
	-	antity released to the environment as a r associated with production processes (p		ns, catastrophic	event	s, or one-time events			
8.9	Pro	oduction ratio or activity index							
		d your facility engage in any newly imple, complete the following section; if not			r this	chemical during the re	eporting yea	ır?	
		Source Reduction Activities (Enter code(s))		M	ethods	s to Identify Activity (	Enter codes	)	
8.10.1			a.		b.			c.	
8.10.2	T		a.		b.			c.	

b.

b.

**8.10.4** a. EPA form 9350 -1 (Rev. 07/2011) – Previous editions are obsolete.

8.10.3

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

(IMPC	RTANT: Read instructions before completing form; type or use fill-and-print form)  Approval Expir	res: 07/31/2014	Page 6 of 6
	EODM D	TRI Facility ID Num	ber
	FORM R		
	Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	Toxic Chemical, Cate	egory, or Generic Name
SEC	TION 8.11. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, A	 ND RECYCLING A	ACTIVITIES
8.11	If you wish to submit additional optional information on source reduction, recycling, or pollution contri		
l			
SEC	TION 9. MISCELLANEOUS INFORMATION		
9.1	If you wish to submit any miscellaneous, additional, or optional information regarding your Form R su	abmission, provide it here.	

EPA form 9350 -1 (Rev. 07/2011) – Previous editions are obsolete.

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(IMPORTANT: Read instructions before completing form; type or use fill-and-print form)

9	E	P	4
United	States	2	

## FORM R Schedule 1

TRI Facility ID Number	

		5.1	NA	5.2 NA		g streams or water bodies eam or water body per box) N	IA L
			Fugitive or non- point air emissions	Stack or point air emissions	5.3.1	5.3.2	5.3.3
	1						
	2						
`	3						
,	4						
6	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
_	17						

(Example: 1, 2, 3, etc.)

and indicate the Section 5.3 page number in this box

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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	l Injection			5.5 Disposal to land on-site									
		5.4.1 NA	5.4.2 NA	5.5.1A	NA	5.5.1B	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 lan	dfills	Land tre	atment/ ion farming	RCRA S surface impound	ubtitle C ments	Other su impound		Other dis	sposal
	1														
	2														
	3														
1-17	4														
<b>i</b> y (	5														
tego	6														
. e	7														
in th	8														
pun	9														
nodu	10														
100 L	11														
eac	12														
s) of	13														
C. Mass (grams) of each compound in the category (1-17)	14														
(g) s	15														
Mas	16														
C	17														

(IMPORTANT: Read instructions before completing form; type or use fill-and-print form)

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				TRI Facility ID Number								
			FOR									
PART II. CHEMICAL-SPECIFIC INFORMATION (continued)												
SE.	SECTION 6. TRANSFERS OF DIOXIN AND DIOXIN-LIKE COMPOUNDS IN WASTES TO OFF-SITE LOCATIONS											
SE	Detroit William Divinity Divin											
	6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA											
				6.1.A.3 Mass	s (grams) of each con	pound in the catego	ry (1-17)					
1		2	3	4	5	6	7	8	9			
10		11	12	13	14	15	16	17				
			6 2 TD A NCE	EDS TO OTHER	OFF SITE I OCA	TIONS	NA [					
6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS NA 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 e	each compound in the	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 Sec	tion 6.1 or 6.2 are attac	hed, indicate the t	otal number of pag	ges in this box						
and	and indicate the Section 6.1 or 6.2 page number in this box (Example: 1, 2, 3, etc.)											

Approval Expires: 07/31/2014

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

TRI Facility ID Number

		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 oth on-site d or other releases	Total off-site disposal to Class 1 Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	Total other off-site disposal or other releases	Quantity used for energy recovery on-site	Quantity used for energy recovery off-site	Quantity recycled on-site	Quantity recycled off-site	Quantity treated on-site	Quantity treated off-site	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes
	1											
	2											
(	3											
(1-1)	4											
ory	5											
ateg	6											
the c	7											
d in	8											
mod	9											
com	10											
each	11											
s) of	12											
Column f. Mass (grams) of each compound in the category (1-17)	13											
3) sse	14											
f. M	15											
umn	16											
Coh	17											

SECTION 8. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVITIES FOR DIOXIN AND DIOXIN-LIKE COMPOUNDS