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**TOXIC CHEMICAL RELEASE INVENTORY - FERNALD
ENVIRONMENTAL MANAGEMENT PROJECT**

06/20/96

**DOE-1037-96
DOE-FN EH-20, FORS
12
REPORT**

United States Government

Department of Energy

Fernald Area Office

memorandum

DATE: JUN 20 1996
DOE-1037-96

REPLY TO:
ATTN OF: FN:Skintik

SUBJECT: TOXIC CHEMICAL RELEASE INVENTORY - FERNALD ENVIRONMENTAL MANAGEMENT PROJECT

TO: Ray Berube, EH-20, FORS

Enclosed is a completed Form R for the toxic chemical Methanol, as required by Executive Order 12856.

If you have any questions, please contact Ed Skintik at (513) 648-3151.



David R. Kozlowski
Associate Director
Office of Safety & Assessment

Attachment: As Stated

cc w/o enc:

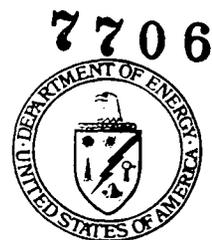
R. Nace, EM-423, GTN
T. Hagen, FERMCO, 65-2
AR Coordinator, FERMCO, 78



Department of Energy

**Ohio Field Office
Fernald Area Office**

P. O. Box 538705
Cincinnati, Ohio 45253-8705
(513) 648-3155



JUN 20 1996
DOE-1036-96

**Mr. Eugene M. Langschwager, P.E., Director
Environmental Advocacy Project
Greater Cincinnati Chamber of Commerce
300 Carew Tower
441 Vine Street
Cincinnati, OH 45202-2812**

Dear Mr. Langschwager:

SUPERFUND AMENDMENT AND REAUTHORIZATION ACT TITLE III FORM R REPORT, 1995

Per your request, enclosed is the Calendar Year 1995 Form R Report that was submitted to both the U.S. Environmental Protection Agency (U.S. EPA) and the Ohio Environmental Protection Agency (OEPA). We appreciate your efforts to examine these reports in your preparation of the county-wide Toxic Release Inventory (TRI) for 1995, and to provide an assessment of the impact of this data to the public. We shall continue to make efforts to provide you with copies of these reports in the future and also to notify you of any corrections to previous and current year submittals.

If you have any questions, please contact Ed Skintik at (513) 648-3151.

Sincerely,

**David R. Kozlowski
Associate Director
Office of Safety & Assessment**

FN:Skintik

Enclosure: As Stated

cc w/o enc:

**J. Bradburne, FERMCO, 1
T. Hagen, FERMCO, 65-2
D. Faris, FERMCO, 50**



Department of Energy

**Ohio Field Office
Fernald Area Office**

P. O. Box 538705
Cincinnati, Ohio 45253-8705
(513) 648-3155



JUN 20 1996
DOE-1035-96

**Ms. Cindy DeWulf
Ohio Environmental Protection Agency
Division of Air Pollution Control
1800 Watermark Drive
Columbus, OH 43216**

Dear Ms. DeWulf:

TOXIC CHEMICAL RELEASE INVENTORY - FERNALD ENVIRONMENTAL MANAGEMENT PROJECT

Enclosed is a completed Form R for the toxic chemical Methanol, as required by Executive Order 12856. Please note that on July 26, 1995, a Notice of Technical Error was sent to the Department of Energy, Fernald Area Office (DOE-FN) by Iraj Haghazari of the Ohio Environmental Protection Agency (OEPA). The Notice indicated the Fernald site is no longer required to submit a filing fee since the Fernald Environmental Management Project's (FEMP) Standard Industrial Code (SIC) Code is not in the Toxic Release Inventory (TRI) reporting criteria of 20 through 39.

If you have any questions, please contact Ed Skintik at (513) 648-3151.

Sincerely,

**David R. Kozlowski
Associate Director
Office of Safety & Assessment**

FN:Skintik

Enclosure: As Stated

cc w/o enc:

**R. Nace, EM-423, GTN
J. Saric, USEPA-V, SRF-5J
Ohio Disaster Service Agency
T. Hagen, FERMCO, 65-2
AR Coordinator, FERMCO, 78**

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

 United States Environmental Protection Agency	<h1>FORM R</h1>	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
45030SDPRT7400W
Toxic Chemical Category, or General Name
Methanol

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)
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Enter 'X' here if this is a revision

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

For EPA use only

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 19 <u>95</u>	SECTION 2. TRADE SECRET INFORMATION	
	Are you claiming the toxic chemical identified on page 3 trade secret?	
	2.1 <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)	<input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)
	2.2 If yes in 2.1, is this copy:	<input type="checkbox"/> Sanitized <input type="checkbox"/> 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	
David R. Kozlowski, Associate Director, Office of Safety and Assessment	
Signature	Date Signed
	6/19/96

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name		TRI Facility ID Number	
	U.S. DOE Fernald Environmental Management Project		45030SDPRT7400W	
	Street Address			
	7400 Willey Road			
	City		County	
	Fernald		Hamilton	
	State		Zip Code	
	OH		45030	
	Mailing Address (if different from street address)			
	P.O. Box 538705			
City		PUT LABEL HERE		
Cincinnati				
State	Zip Code			
Ohio	45253-8705			

 <p>United States Environmental Protection Agency</p>	<h2 style="margin: 0;">EPA FORM R</h2> <h3 style="margin: 0;">PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)</h3>
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TRI FACILITY ID NUMBER
45030SDPRT7400W
Toxic Chemical Category, or Generic Name
Methanol

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	Name	David R. Kozlowski			Telephone Number (include area code)	
						(513) 648-3077	
4.4	Public Contact	Name	David R. Kozlowski			Telephone Number (include area code)	
						(513) 648-3077	
4.5	SIC Code (4-digit)	a.	4953	b.	NA	c. d. e. f.	
4.6	Latitude and Longitude	Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
		39	17	56	84	41	16
4.7	Dun & Bradstreet Number(s) (9 digits)	a.	NA				b.
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)	a.	OH6890008976				b.
		b.	NA				
4.9	Facility NPDES Permit Number(s) (9 characters)	a.	11000004*ED				b.
		b.	NA				
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	a.	NA				b.
		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)

 United States Environmental Protection Agency	EPA FORM R	TRI FACILITY ID NUMBER 45030SDPRT7400W
	PART II. CHEMICAL-SPECIFIC INFORMATION	Toxic Chemical, Category, or Generic Name Methanol

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.) 67-56-1	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Methanol	
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.)	

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY			(Important: Check all that apply.)		
3.1	Manufacture the toxic chemical:	a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import	If produce or import: c. <input type="checkbox"/> For on-site use/process d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		
3.2	Process the toxic chemical:	a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component	c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging		
3.3	Otherwise use the toxic chemical:	a. <input checked="" type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid	c. <input checked="" type="checkbox"/> Ancillary or other use		

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR	
4.1	<input type="text" value="04"/> (Enter two-digit code from instruction package.)



EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
45030SDPRT7400W
Toxic Chemical Category, or Generic Name
Methanol

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

		A. Total Release (pounds/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	1400	E	
5.2	Stack or point air emissions <input type="checkbox"/> NA	60	E	
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
5.3.1	Stream or Water Body Name			
	Great Miami River	1600	0	NA
5.3.2	Stream or Water Body Name			
	Paddy's Run Creek	0	0	NA
5.3.3	Stream or Water Body Name			
	NA			
5.4	Underground injections on-site <input checked="" type="checkbox"/> NA			
5.5	Releases to land on-site			
5.5.1	Landfill <input checked="" type="checkbox"/> NA			
5.5.2	Land treatment/application farming <input checked="" type="checkbox"/> NA			
5.5.3	Surface impoundment <input checked="" type="checkbox"/> NA			
5.5.4	Other disposal <input type="checkbox"/> NA	340		

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)
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TRI FACILITY ID NUMBER
45030SDPRT7400W
Toxic Chemical, Category, or Generic Name
Methanol

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. __	Stream or Water Body Name			
	NA			
5.3. __	Stream or Water Body Name			
5.3. __	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	NA

6.1.B POTW Name and Location Information

6.1.B. <input type="text" value="POTW Name"/>	6.1.B. <input type="text" value="POTW Name"/>
NA	
<input type="text" value="Street Address"/>	<input type="text" value="Street Address"/>
<input type="text" value="City"/> <input type="text" value="County"/>	<input type="text" value="City"/> <input type="text" value="County"/>
<input type="text" value="State"/> <input type="text" value="Zip Code"/>	<input type="text" value="State"/> <input type="text" value="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.)



United States
Environmental Protection
Agency

EPA FORM R

**PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)**

TRI FACILITY ID NUMBER

45030SDPRT7400W

Toxic Chemical, Category, or Generic Name

Methanol

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

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

Off-Site Location Name

Street Address

City

County

State

Zip Code

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.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

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

Off-Site Location Name

Street Address

City

County

State

Zip Code

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.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in the 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
45030SDPRT7400W
Toxic Chemical, Category, or Generic Name
Methanol

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. Waste 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.1a	7A.1b	1	B11	2	NA	7A.1c	7A.1d	7A.1e	
W		3		4		3	82 %	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
		6		7					
7A.2a	7A.2b	1		2		7A.2c	7A.2d	7A.2e	
NA		3		4			%	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		6		7					
7A.3a	7A.3b	1		2		7A.3c	7A.3d	7A.3e	
		3		4			%	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		6		7					
7A.4a	7A.4b	1		2		7A.4c	7A.4d	7A.4e	
		3		4			%	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		6		7					
7A.5a	7A.5b	1		2		7A.5c	7A.5d	7A.5e	
		3		4			%	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		6		7					

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

45030SDPRT7400W

Toxic Chemical, Category, or General Name

Methanol

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	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>
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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	<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"/>	9	<input type="text"/>	10	<input type="text"/>



United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
45030SDPRT7400W
Chemical Category, or Generic Name
Methanol

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

<i>All quantity estimates can be reported using up to two significant figures.</i>		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)	
8.1	Quantity released *	1700	3400	3400	3400	
8.2	Quantity used for energy recovery on-site	0	0	0	0	
8.3	Quantity used for energy recovery off-site	0	0	0	0	
8.4	Quantity recycled on-site	0	0	0	0	
8.5	Quantity recycled off-site	0	0	0	0	
8.6	Quantity treated on-site	3900	7100	7100	7100	
8.7	Quantity treated off-site	0	0	0	0	
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				8.02	
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	a.	b.	c.		
8.10.2		a.	b.	c.		
8.10.3		a.	b.	c.		
8.10.4		a.	b.	c.		
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(8) 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.

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