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TOXIC CHEMICAL RELEASE INVENTORY - FERNALD ENVIRONMENTAL MANAGEMENT PROJECT

06/20/96

DOE-1034-96
DOE-FN EPCRA
10
REPORT

7715

Department of Energy

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

JUN 2 0 1996

DOE-1034-96

EPCRA Reporting Center
Attn: Toxic Chemical Release Inventory
P.O. Box 3348
Merrifield, VA 22116-3348

Dear Sir/Madam:

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.

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/enc:

T. Hagen, FERMCO, 65-2
AR Coordinator, FERMCO, 78

cc w/o enc:

R. Nace, EM-423, GTN
J. Saric, USEPA-V, SRF-5J

Recycled and Recyclable

7715

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

Form Approved OMB Number: 2070-0093
Approval Expires: 11/92

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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: 45030SDPRT7400W

Toxic Chemical, Category, or Generic 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)

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 95

SECTION 2. TRADE SECRET INFORMATION

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

[ ] Yes (Answer question 2.2; Attach substantiation forms)
[X] 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: David R. Kozlowski, Associate Director, Office of Safety and Assessment

Signature: D. R. Kozlowski

Date Signed: 6/19/96

SECTION 4. FACILITY IDENTIFICATION

4.1

Facility or Establishment Name: U.S. DOE Fernald Environmental Management Project

TRI Facility ID Number: 45030SDPRT7400W

Street Address: 7400 Willey Road

City: Fernald

County: Hamilton

State: OH

Zip Code: 45030

Mailing Address (if different from street address): P.O. Box 538705

City: Cincinnati

State: Ohio

Zip Code: 45253-8705

PUT LABEL HERE

2

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PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

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. [x] An entire facility	b. [ ] Part of a facility	c. [x] 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. NA					
4.9	Facility NPDES Permit Number(s) (9 characters)	a. 1IO00004*ED					
		b. NA					
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	a. NA					
		b.					

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	
	[ ] NA	U. S. Department of Energy
5.2	Parent Company's Dun & Bradstreet Number	
	[x] NA	(9 digits)

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PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER
45030SDPRT7400W
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. ☐ Produce b. ☐ Import	If produce or import: c. ☐ For on-site use/processir d. ☐ For sale/distribution e. ☐ As a byproduct f. ☐ As an impurity
3.2	**Process the toxic chemical:**	a. ☐ As a reactant b. ☐ As a formulation component	c. ☐ As an article component d. ☐ Repackaging
3.3	**Otherwise use the toxic chemical:**	a. ☒ As a chemical processing aid b. ☐ As a manufacturing aid	c. ☒ Ancillary or other use

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

4.1	04	(Enter two-digit code from instruction package.)

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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	☐ NA	1400	E	
5.2	Stack or point air emissions	☐ 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	☒ NA			
5.5	Releases to land on-site				
5.5.1	Landfill	☒ NA			
5.5.2	Land treatment/ application farming	☒ NA			
5.5.3	Surface impoundment	☒ NA			
5.5.4	Other disposal	☐ NA	340		

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

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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

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.__ POTW Name		6.1.B.__ POTW Name	
NA			
Street Address		Street Address	
City	County	City	County
State	Zip Code	State	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.)

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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 this box ☐ and indicate which Part II, Section 6.2 page this is, here. ☐ (example: 1, 2, 3, etc.)

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

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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, 5, 6, 7, 8	3	82 %	Yes X / No
7A.2a	7A.2b: 1, 2	7A.2c	7A.2d	7A.2e
NA	3, 4, 5, 6, 7, 8		%	Yes / No
7A.3a	7A.3b: 1, 2	7A.3c	7A.3d	7A.3e
	3, 4, 5, 6, 7, 8		%	Yes / No
7A.4a	7A.4b: 1, 2	7A.4c	7A.4d	7A.4e
	3, 4, 5, 6, 7, 8		%	Yes / No
7A.5a	7A.5b: 1, 2	7A.5c	7A.5d	7A.5e
	3, 4, 5, 6, 7, 8		%	Yes / No

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.)

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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

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

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] **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 [ ]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] **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 [ ]

6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ]

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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

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

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

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

		YES	NO
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)		X

* Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, dischargin injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated on-site or off-site.