

FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

| |
|--|
| TRI Facility ID Number |
| |
| Toxic Chemical, Category or Generic Name |
| |

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (CONTINUED)

| 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 |

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

| 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 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 | 7A.1c | 7A.1d | 7A.1e |
| | 1 2 3 4 5 6 7 8 | | % | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| 7A.2a | 7A.2b | 7A.2c | 7A.2d | 7A.2e |
| | 1 2 3 4 5 6 7 8 | | % | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| 7A.3a | 7A.3b | 7A.3c | 7A.3d | 7A.3e |
| | 1 2 3 4 5 6 7 8 | | % | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| 7A.4a | 7A.4b | 7A.4c | 7A.4d | 7A.4e |
| | 1 2 3 4 5 6 7 8 | | % | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| 7A.5a | 7A.5b | 7A.5c | 7A.5d | 7A.5e |
| | 1 2 3 4 5 6 7 8 | | % | Yes No <input type="checkbox"/> <input type="checkbox"/> |

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7 page number in this box: (example: 1,2,3,etc.)