

DEPARTMENT OF PUBLIC SAFETY

C. ROBERT KEMBLE, Secretary

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Technical and Emergency Support

Division
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RECEIVED

OCT 13 1988

HAZARDOUS WASTE SECTION

October 11, 1988

C. Kelley Crossman
Permitting Supervisor
Health and Environment
Department
P. O. Box 968
Santa Fe, NM 87504-0968

Dear Kelley:

As you requested, I enclose a copy of the Toxic Emission Inventory Form submitted voluntarily to EPA by Los Alamos National Laboratory under the provisions of Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, (Title III.)

Since the Laboratory is not classified as a manufacturer, its director was not required by Title III to make such a submittal.

This information is being given to you without interpretation. Since risk assessment is an uncertain discipline, I must caution you in drawing inferences from the material attached.

Call me if you have any questions.

Warm regards,

Samuel Larcombe
Title III Program Chief

SL:ma

Enclosure



14979

R

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

U.S. Environmental Protection Agency
EPA TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM
 Section 313, Title III of The Superfund Amendments and Reauthorization Act of 1986

**EPA FORM
R**

(This space for EPA use only.)

PART I. FACILITY IDENTIFICATION INFORMATION

1.1 Does this report contain trade secret information? <input type="checkbox"/> Yes (Answer 1.2) <input checked="" type="checkbox"/> No (Do not answer 1.2)	1.2 Is this a sanitized copy? <input type="checkbox"/> Yes <input type="checkbox"/> No	1.3 Reporting Year 1987
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2. CERTIFICATION (Read and sign after completing all 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

Harold E. Valencia, Area Manager

Signature

H. E. Valencia

Date signed

JUN 30 1988

3. FACILITY IDENTIFICATION

3.1	Facility or Establishment Name Los Alamos National Laboratory		3.2	This report contains information for: (check one)		
	Street Address Los Alamos Area Office			a. <input checked="" type="checkbox"/> An entire covered facility.	b. <input type="checkbox"/> Part of a covered facility.	
	City Los Alamos	County Los Alamos				
	State New Mexico	Zip Code 8 7 5 4 1 5 - 1 1 1				
3.3	Technical Contact Steven G. McLin		Telephone Number (include area code) (505) 665 - 1721			
3.4	Public Contact Donald K. Winston		Telephone Number (include area code) (505) 667 - 6211			
3.5	a. SIC Code 9 7 1 1	b.	c.	Where to send completed forms: U.S. Environmental Protection Agency P. O. Box 70268 Washington, DC 20024-0268 Attn: Toxic Chemical Release Inventory		
3.6	Latitude Deg. Min. Sec. Deg. Min. Sec. 0 3 5 4 9 5 1 1 0 1 6 1 4 1 1 5		Longitude			
3.7	Dun & Bradstreet Number(s) a. N/A b.					
3.8	EPA Identification Number (RCRA I.D. No.) a. N M 0 1 8 9 0 1 0 1 0 5 1 1 5		b.			
3.9	NPOES Permit Number(s) a. N M 0 1 0 2 1 8 3 5 5		b. N M 0 0 2 8 5 7 1 6			
3.10	Name of Receiving Stream(s) or Water Body(s)					
	a. Tributaries of the Rio Grande (Sandia Canyon, Pajarito Canyon, Water Canyon,					
	b. Los Alamos Canyon, Canada del Buey, Mortandad Canyon, Ancho Canyon, Valle Canyon, c. Two-Mile Canyon, Chaquehui Canyon, Potrillo Canyon).					
3.11	Underground Injection Well Code (UIC) Identification No. N/A					

4. PARENT COMPANY INFORMATION

4.1	Name of Parent Company U. S. Department of Energy
4.2	Parent Company's Dun & Bradstreet No. NA - - - - - - - - - - - - - - -

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EPA FORM R

PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

1. PUBLICLY OWNED TREATMENT WORKS (POTW)

Facility Name N/A	
Street Address	
City	County
State	Zip

2. OTHER OFF-SITE LOCATIONS - Number these locations sequentially on this and any additional page of this form you use.

Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name N/A	
Street Address	
City	County
State	Zip

Is location under control of reporting facility or parent company? Yes No

Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name N/A	
Street Address	
City	County
State	Zip

Is location under control of reporting facility or parent company? Yes No

Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name N/A	
Street Address	
City	County
State	Zip

Is location under control of reporting facility or parent company? Yes No

Check if additional pages of Part II are attached.

(This space for EPA use only)

EPA FORM R

PART III. CHEMICAL SPECIFIC INFORMATION

1. CHEMICAL IDENTITY

1.1 Trade Secret (Provide a generic name in 1.4 below. Attach substantiation form to this submission.)

1.2 CAS # - - (Use leading zeros if CAS number does not fill space provided.)

1.3 Chemical or Chemical Category Name
Nitric Acid

1.4 Generic Chemical Name (Complete only if 1.1 is checked.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you have completed Section 1.)

2. Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation)).

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1 Manufacture: a. Produce b. Import c. For on-site use/processing
 d. For sale/distribution e. As a byproduct f. As an impurity

3.2 Process: a. As a reactant b. As a formulation component c. As an article component
 d. Repackaging only

3.3 Otherwise Used: a. As a chemical processing aid b. As a manufacturing aid c. Ancillary or other use

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

(enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT

You may report releases of less than 1,000 lbs. by checking ranges under A.1.	A. Total Release (lbs/yr)			B. Basis of Estimate (enter code)	C. % From Stormwater	
	A.1 Reporting Ranges	A.2 Enter Estimate				
	0	1-499	500-999			
5.1 Fugitive or non-point air emissions	5.1a			3,300	5.1b <input type="text" value="E"/>	
5.2 Stack or point air emissions	5.2a			2,500	5.2b <input type="text" value="E"/>	
5.3 Discharges to water (Enter letter code from Part I Section 3.10 for streams(s).)	5.3.1 <input type="checkbox"/>	5.3.1a		N/A	5.3.1b <input type="checkbox"/>	5.3.1c N/A
	5.3.2 <input type="checkbox"/>	5.3.2a			5.3.2b <input type="checkbox"/>	5.3.2c
	5.3.3 <input type="checkbox"/>	5.3.3a			5.3.3b <input type="checkbox"/>	5.3.3c
5.4 Underground injection	5.4a			N/A	5.4b <input type="checkbox"/>	
5.5 Releases to land	5.5.1 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> (enter code)	5.5.1a		N/A	5.5.1b <input type="checkbox"/>	
	5.5.2 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> (enter code)	5.5.2a			5.5.2b <input type="checkbox"/>	
	5.5.3 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> (enter code)	5.5.3a			5.5.3b <input type="checkbox"/>	

(Check if additional information is provided on Part IV-Supplemental information.)

5. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS						
You may report transfers of less than 1,000 lbs. by checking ranges under A.1.	A. Total Transfers (lbs/yr)			B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)	
	A.1 Reporting Ranges		A.2 Enter Estimate			
	0	1-499	500-999			
6.1 Discharge to POTW				N/A	6.1b	<input type="checkbox"/>
6.2 Other off-site location (Enter block number from Part II, Section 2.) <input type="checkbox"/>				N/A	6.2b	<input type="checkbox"/>
6.3 Other off-site location (Enter block number from Part II, Section 2.) <input type="checkbox"/>				N/A	6.3b	<input type="checkbox"/>
6.4 Other off-site location (Enter block number from Part II, Section 2.) <input type="checkbox"/>				N/A	6.4b	<input type="checkbox"/>

(Check if additional information is provided on Part IV-Supplemental Information)

7. WASTE TREATMENT METHODS AND EFFICIENCY									
A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data?				
					Yes	No			
7.1a <input type="checkbox"/> A	7.1b <input type="checkbox"/> A 0 3	7.1c <input type="checkbox"/> 2	7.1d <input type="checkbox"/>	7.1e 0 %	7.1f <input type="checkbox"/>	<input checked="" type="checkbox"/> X			
7.2a <input type="checkbox"/> W	7.2b <input type="checkbox"/> C 0 1	7.2c <input type="checkbox"/> 1	7.2d <input type="checkbox"/>	7.2e 100 %	7.2f <input checked="" type="checkbox"/> X	<input type="checkbox"/>			
7.3a <input type="checkbox"/> W	7.3b <input type="checkbox"/> C 0 1	7.3c <input type="checkbox"/> 5	7.3d <input type="checkbox"/>	7.3e 100 %	7.3f <input checked="" type="checkbox"/> X	<input type="checkbox"/>			
7.4a <input type="checkbox"/>	7.4b <input type="checkbox"/>	7.4c <input type="checkbox"/>	7.4d <input type="checkbox"/>	7.4e %	7.4f <input type="checkbox"/>	<input type="checkbox"/>			
7.5a <input type="checkbox"/>	7.5b <input type="checkbox"/>	7.5c <input type="checkbox"/>	7.5d <input type="checkbox"/>	7.5e %	7.5f <input type="checkbox"/>	<input type="checkbox"/>			
7.6a <input type="checkbox"/>	7.6b <input type="checkbox"/>	7.6c <input type="checkbox"/>	7.6d <input type="checkbox"/>	7.6e %	7.6f <input type="checkbox"/>	<input type="checkbox"/>			
7.7a <input type="checkbox"/>	7.7b <input type="checkbox"/>	7.7c <input type="checkbox"/>	7.7d <input type="checkbox"/>	7.7e %	7.7f <input type="checkbox"/>	<input type="checkbox"/>			
7.8a <input type="checkbox"/>	7.8b <input type="checkbox"/>	7.8c <input type="checkbox"/>	7.8d <input type="checkbox"/>	7.8e %	7.8f <input type="checkbox"/>	<input type="checkbox"/>			
7.9a <input type="checkbox"/>	7.9b <input type="checkbox"/>	7.9c <input type="checkbox"/>	7.9d <input type="checkbox"/>	7.9e %	7.9f <input type="checkbox"/>	<input type="checkbox"/>			
7.10a <input type="checkbox"/>	7.10b <input type="checkbox"/>	7.10c <input type="checkbox"/>	7.10d <input type="checkbox"/>	7.10e %	7.10f <input type="checkbox"/>	<input type="checkbox"/>			
7.11a <input type="checkbox"/>	7.11b <input type="checkbox"/>	7.11c <input type="checkbox"/>	7.11d <input type="checkbox"/>	7.11e %	7.11f <input type="checkbox"/>	<input type="checkbox"/>			
7.12a <input type="checkbox"/>	7.12b <input type="checkbox"/>	7.12c <input type="checkbox"/>	7.12d <input type="checkbox"/>	7.12e %	7.12f <input type="checkbox"/>	<input type="checkbox"/>			
7.13a <input type="checkbox"/>	7.13b <input type="checkbox"/>	7.13c <input type="checkbox"/>	7.13d <input type="checkbox"/>	7.13e %	7.13f <input type="checkbox"/>	<input type="checkbox"/>			
7.14a <input type="checkbox"/>	7.14b <input type="checkbox"/>	7.14c <input type="checkbox"/>	7.14d <input type="checkbox"/>	7.14e %	7.14f <input type="checkbox"/>	<input type="checkbox"/>			

(Check if additional information is provided on Part IV-Supplemental Information.)

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION				
(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)				
A. Type of modification (enter code)	B. Quantity of the chemical in the wastestream prior to treatment/disposal		C. Index	D. Reason for action (enter code)
<input type="checkbox"/>	Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	
	_____	_____	_____ %	<input type="checkbox"/>

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

EPA FORM R
PART IV. SUPPLEMENTAL INFORMATION
 Use this section if you need additional space for answers to questions in Parts I and III.
 Number or letter this information sequentially from prior sections (e.g., D.E. F. or 5.54, 5.55).

(This space for EPA use only.)

ADDITIONAL INFORMATION ON FACILITY IDENTIFICATION (Part I - Section 3)			
3.5	SIC Code		
3.7	Dun & Bradstreet Number(s)		
3.8	EPA Identification Number(s) RCRA I.D. No.)		
3.9	NPOES Permit Number(s)		
3.10	Name of Receiving Stream(s) or Water Body(s)		

ADDITIONAL INFORMATION ON RELEASES TO LAND (Part III - Section 5.5)				
Releases to Land	A. Total Release (lbs/yr)			B. Basis of Estimate (enter code)
	A.1 Reporting Ranges	A.2 Enter Estimate		
	0	1-499	500-999	
5.5 <input type="text"/> <input type="text"/> <input type="text"/> (enter code)	5.5__a			5.5__b <input type="checkbox"/>
5.5 <input type="text"/> <input type="text"/> <input type="text"/> (enter code)	5.5__a			5.5__b <input type="checkbox"/>
5.5 <input type="text"/> <input type="text"/> <input type="text"/> (enter code)	5.5__a			5.5__b <input type="checkbox"/>

ADDITIONAL INFORMATION ON OFF-SITE TRANSFER (Part III - Section 6)					
	A. Total Transfers (lbs/yr)			B. Basis of Estimate (enter code)	C. Type of Treatment/ Disposal (enter code)
	A.1 Reporting Ranges	A.2 Enter Estimate			
	0	1-499	500-999		
6. <input type="checkbox"/> Discharge to POTW	6.__a			6.__b <input type="checkbox"/>	
6. <input type="checkbox"/> Other off-site location (Enter block number from Part II, Section 2.)	6.__a			6.__b <input type="checkbox"/>	6.__c <input type="text"/> <input type="text"/> <input type="text"/>
6. <input type="checkbox"/> Other off-site location (Enter block number from Part II, Section 2.)	6.__a			6.__b <input type="checkbox"/>	6.__c <input type="text"/> <input type="text"/> <input type="text"/>

ADDITIONAL INFORMATION ON WASTE TREATMENT (Part III - Section 7)					
A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7.__a <input type="checkbox"/>	7.__b <input type="text"/> <input type="text"/> <input type="text"/>	7.__c <input type="checkbox"/>	7.__d <input type="checkbox"/>	7.__e %	7.__f <input type="checkbox"/> <input type="checkbox"/>
7.__a <input type="checkbox"/>	7.__b <input type="text"/> <input type="text"/> <input type="text"/>	7.__c <input type="checkbox"/>	7.__d <input type="checkbox"/>	7.__e %	7.__f <input type="checkbox"/> <input type="checkbox"/>
7.__a <input type="checkbox"/>	7.__b <input type="text"/> <input type="text"/> <input type="text"/>	7.__c <input type="checkbox"/>	7.__d <input type="checkbox"/>	7.__e %	7.__f <input type="checkbox"/> <input type="checkbox"/>
7.__a <input type="checkbox"/>	7.__b <input type="text"/> <input type="text"/> <input type="text"/>	7.__c <input type="checkbox"/>	7.__d <input type="checkbox"/>	7.__e %	7.__f <input type="checkbox"/> <input type="checkbox"/>
7.__a <input type="checkbox"/>	7.__b <input type="text"/> <input type="text"/> <input type="text"/>	7.__c <input type="checkbox"/>	7.__d <input type="checkbox"/>	7.__e %	7.__f <input type="checkbox"/> <input type="checkbox"/>