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

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

EPA United States Environmental Protection Agency

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: 98134LSKNC32006

Toxic Chemical, Category, or Generic Name: CHROMIUM

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: [X]

For EPA use only

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

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR

19 94

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 [ ] Sanitized [ ] Unsanitized

Sent EPA DOE 12-12-95 U.S. mail

SECTION 3. CERTIFI[illegible] and sign after completing all form sections.)

I hereby certify that I have [illegible] nts and that, to the best of my knowledge and belief, the submitted information is true and [illegible] amounts and values in this report are accurate based on reasonable estimates using data available to the [illegible] f this report.

Name and official title of owner/operator or senior management official: WILLIAM M. ROSON - MANAGER

Signature: William M Roson

Date Signed: 12/12/95

SECTION 4. FACILITY IDENTIFICATION

4.1

Facility or Establishment Name: ALASKAN COPPER WORKS	TRI Facility ID Number: 98134LSKNC32006
Street Address: 3200 6TH AVENUE SOUTH	
City: SEATTLE	County: KING
State: WA	Zip Code: 98134
Mailing Address (if different from street address): P.O. BOX 3546	98134LSKNC32006 ALASKAN COPPER WORKS P.O. BOX 3546 SEATTLE, WA 98124
City: SEATTLE	
State: WA	Zip Code: 98124

EPA Form 9350-1 (Rev. 12/94) - Previous editions are obsolete.

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

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PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR

19 94

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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: WILLIAM M. ROSON - MANAGER

Signature: William M Roson

Date Signed: 12/12/95

SECTION 4. FACILITY IDENTIFICATION

4.1

Facility or Establishment Name: ALASKAN COPPER WORKS

TRI Facility ID Number: 98134LSKNC32006

Street Address: 3200 6TH AVENUE SOUTH

City: SEATTLE

County: KING

State: WA

Zip Code: 98134

Mailing Address (if different from street address): P.O. BOX 3546

City: SEATTLE

State: WA

Zip Code: 98124

98134LSKNC32006
ALASKAN COPPER WORKS
P.O. BOX 3546
SEATTLE, WA 98124

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PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
98134LSKNC32006
Toxic Chemical, Category, or Generic Name
CHROMIUM

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check a or b; check c if applicable)	a. ☒ An entire facility	b. ☐ Part of a facility	c. ☐ A Federal facility			
4.3	Technical Contact	Name: JAMES C. BROWN			Telephone Number (include area code): (206) 623-5800		
4.4	Public Contact	Name: SAME AS SECTION 4.3			Telephone Number (include area code):		
4.5	SIC Code (4-digit)	a. 3498	b. 3443	c.	d.	e.	f.
4.6	Latitude and Longitude	Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
		47	34	23	122	19	29
4.7	Dun & Bradstreet Number(s) (9 digits)	a. 00-925-5571					
		b.					
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)	a. WAD980738546					
		b.					
4.9	Facility NPDES Permit Number(s) (9 characters)	a. S030000139I					
		b.					
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 ALASKAN COPPER COMPANIES
5.2	Parent Company's Dun & Bradstreet Number	☐ NA (9 digits) 00-925-5571

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EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER
98134LSKNC32006
Toxic Chemical, Category, or Generic Name
CHROMIUM

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.)
	N090
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	CHROMIUM COMPOUNDS
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.)
	NA

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/processing 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:	NA 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	05 (Enter two-digit code from instruction package.)	

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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER: 98134LSKNC32006

Toxic Chemical, Category, or Generic Name: CHROMIUM

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	A	O	
5.2	Stack or point air emissions	☒ NA			
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1	Stream or Water Body Name: NA				
5.3.2	Stream or Water Body Name: 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			

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

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

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EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
98134LSKNC32006
Toxic Chemical, Category, or Generic Name
CHROMIUM

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			
	NA			
5.3.__	Stream or Water Body Name			
	NA			

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)

6.1.B POTW Name and Location Information

6.1.B.__ POTW Name		6.1.B.__ POTW Name	
METRO		NA	
Street Address		Street Address	
821 SECOND AVENUE			
City	County	City	County
SEATTLE	KING		
State	Zip Code	State	Zip Code
WA	98104		

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

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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER: 98134LSKNC32006

Toxic Chemical, Category, or Generic Name: CHROMIUM

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.__ Off-site EPA Identification Number (RCRA ID No.): AZD980735500

Off-Site Location Name: WORLD RESOURCES COMPANY

Street Address: 8113 WEST SHERMAN STREET

City: PHOENIX

County: MARICOPA

State: AZ

Zip Code: 85043

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. 6,746	1. M	1. M24
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.): 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

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.)

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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
98134LSKNC32006
Toxic Chemical, Category, or Generic Name
CHROMIUM

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 2 3 4 5 6 7 8	7A.1c	7A.1d	7A.1e
			%	Yes ☐ No ☐
7A.2a	7A.2b 1 2 3 4 5 6 7 8	7A.2c	7A.2d	7A.2e
			%	Yes ☐ No ☐
7A.3a	7A.3b 1 2 3 4 5 6 7 8	7A.3c	7A.3d	7A.3e
			%	Yes ☐ No ☐
7A.4a	7A.4b 1 2 3 4 5 6 7 8	7A.4c	7A.4d	7A.4e
			%	Yes ☐ No ☐
7A.5a	7A.5b 1 2 3 4 5 6 7 8	7A.5c	7A.5d	7A.5e
			%	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
48134LSKNC32006
Toxic Chemical, Category, or Generic Name
CHROMIUM

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 ☐ 2 ☐ 3 ☐ 4 ☐

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 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER: 98134LSKNC3200G

Chemical, Category, or Generic Name: CHROMIUM

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 *	15	15	10	10
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	1,320	6,746	6,900	6,900
8.6	Quantity treated on-site	0	0	0	0
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	1.2			

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	W19	a. T04	b.	c.
8.10.2	W29	a. T03	b.	c.
8.10.3	W36	a. T01	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 ☐	NO ☒

* 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.