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

Form Approved OMB Number: 2070-0093
Approval Expires: 01/31/2006

EPA
United States Environmental Protection Agency

FORM R

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: 98108RLMJR8531E

Toxic Chemical, Category or Generic Name: Chromium

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center, P. O. Box 1513, Lanham, MD 20703-1513, 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 1. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2004

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

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:	Signature	Date Signed:
Ronald Altier, Vice President Administration	Ronald Altier	6/29/05

SECTION 4. FACILITY IDENTIFICATION

Ronald Altier 7/6/05

4.1 TRI Facility ID Number: 98108RLMJ8531E

Facility or Establishment Name: Jorgensen Forge Corporation

Facility or Establishment Name or Mailing Address (If different from street address):

Street: 8531 E Marginal Way S

Mailing Address:

City/County/State/Zip Code: Tukwila, King County WA 98108

City/State/Zip Code:

Country (Non-US):

4.2 This report contains information for: (Important: Check a or b; check c or d if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3 Technical Contact Name: Ronald Altier
Telephone Number (include area code): (206) 676-9249
Email Address: raltier@jorgensenforge.com

4.4 Public Contact Name: Ronald Altier
Telephone Number (include area code): (206) 676-9249

4.5 SIC Code (s) (4 digits): Primary a. 3462 b. c. d. e. f.

4.6

Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds
	047	31	31		122	18	18

4.7 Dun & Bradstreet Number (s) (9 digits)	4.8 EPA Identification Number (RCRA ID No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 790885842	a. WAD000602813	a. NA	a. NA
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company: NA [X]

5.2 Parent Company's Dun & Bradstreet Number: NA [X]

629513

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

FORM R

PART II. TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

TRI Facility ID Number: 98108RLMJR8531E

Toxic Chemical, Category or Generic Name: Chromium

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed 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.)
7440-47-3

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

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

1.4 **Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.**
(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

NA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
X																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed 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. [X] Produce b. [ ] Import
If produce or import
c. [ ] For on-site use/processing
d. [ ] For sale/distribution
e. [ ] As a byproduct
f. [X] As an impurity

3.2 Process the toxic chemical:
a. [ ] As a reactant
b. [ ] As a formulation component
c. [X] As an article component
d. [ ] Repackaging
e. [ ] As an impurity

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 ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 03 (Enter two digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA X			
5.2	Stack or point air emissions	NA X			
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2	NA				
5.3.3	NA				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [ ] and indicate the Part II, Section 5.3 page number in this box. [ ] (example: 1,2,3. etc.)

*For Dioxin or Dioxin-like compounds, report in grams/year.
** Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 98108RLMJR8531E

Toxic Chemical, Category or Generic Name: Chromium

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (continued)

		NA	A. Total Release (pounds/year*) (enter range code ** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X		
5.4.2	Underground Injection onsite to Class II-V Wells	X		
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	X		
5.5.1B	Other landfills	X		
5.5.2	Land treatment/application farming	X		
5.5.3A	RCRA Subtitle C surface impoundments	X		
5.5.3B	Other surface impoundments	X		
5.5.4	Other disposal	X		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

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						
POTW Address							
City		State		County		Zip	
6.1.B ____	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] and indicate the Part II, Section 6.1 page number in this box [ ] (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2 X	Off-Site EPA Identification Number (RCRA ID No.)	ORD 089452353					
Off-Site Location Name	Chemical Waste Management of the Northwest						
Off-Site Address	17629 Cedar Springs Lane						
City	Arlington	State	Oregon	County	Gilliam	Zip	97812
Country (Non-US)							

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

* For Dioxin or Dioxin-like compounds, report in grams/year
** Range Codes: A=1-10 pounds; B=11-499 pounds; C=500 - 999 pounds.

FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 98018RLMJR8531E

Toxic Chemical, Category or Generic Name: Chromium

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. 6,557	1.	1. M41
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2 ____ Off-Site EPA Identification Number (RCRA ID No.) ORQ000014886

Off-Site Location Name: Wasco County Landfill

Off-Site Address: 2550 Steele Road

City	State	County	Zip	Country (Non-US)
The Dalles	OR	Wasco	97058	

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

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. 6,400	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

[X] 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 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.)

*For Dioxin or Dioxin-like compounds, report in grams/year

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

FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
98108RLMJR8531E
Toxic Chemical, Category or Generic Name
Chromium ~~Chromium~~

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 [ ]

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 [ ]

SECTION 8. SOURCE REDUCTION AND RECYLING ACTIVITIES

		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					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	NA	NA	NA
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	24,287	~~6,557~~ 6,400	~~7,233~~ 7,000	~~7,934~~ 7,700
8.1d	Total other off-site disposal or other releases	NA	~~NA~~ 6,600	~~NA~~ 7,300	~~NA~~ 8,000
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
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)*				
8.9	Production ratio or activity index	2004 / ~~2003~~	6227 / ~~3738~~ = 1.66		
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 information on source reduction, recycling, or pollution control activities included with this report? (Check one box)	[ ]	[X]

*For Dioxin or Dioxin-like compounds, report in grams/year

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

Form Approved OMB Number: 2070-0093
Approval Expires: 01/31/2006

EPA
United States Environmental Protection Agency

FORM R

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: 98108RLMJR8531E

Toxic Chemical, Category or Generic Name: Manganese

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center, P. O. Box 1513, Lanham, MD 20703-1513, 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 1. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2004

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized
(Answer only if "YES" in 2.1)

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:	Signature:	Date Signed:
Ronald Altier, Vice President Administration	Ronald Altier	6/29/05

SECTION 4. FACILITY IDENTIFICATION

Ronald Altier 2/6/06

4.1 TRI Facility ID Number: 98108RLMJR8531E

Facility or Establishment Name: Jorgensen Forge Corporation

Facility or Establishment Name or Mailing Address (If different from street address):

Street: 8531 E Marginal Way S

Mailing Address:

City/County/State/Zip Code: Tukwila, King County WA 98108

City/State/Zip Code:

Country (Non-US):

4.2 This report contains information for: (Important: Check a or b; check c or d if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3 Technical Contact Name: Ronald Altier
Telephone Number (include area code): (206) 676-9249
Email Address: raltier@jorgensenforge.com

4.4 Public Contact Name: Ronald Altier
Telephone Number (include area code): (206) 676-9249

4.5 SIC Code (s) (4 digits)	Primary					
	a. 3462	b.	c.	d.	e.	f.

4.6	Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds
		047	31	31		122	18	18

4.7 Dun & Bradstreet Number (s) (9 digits)	4.8 EPA Identification Number (RCRA ID No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 790885842	a. WAD000602813	a. NA	a. NA
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company: NA [X]

5.2 Parent Company's Dun & Bradstreet Number: NA [X]

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

FORM R

PART II. TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

TRI Facility ID Number: 98108RLMJR8531E

Toxic Chemical, Category or Generic Name: Manganese

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed 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.)
7439-96-5

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

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

1.4 **Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.**
(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

NA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
X																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed 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. [X] Produce b. [ ] Import
If produce or import
c. [ ] For on-site use/processing
d. [ ] For sale/distribution
e. [ ] As a byproduct
f. [X] As an impurity

3.2 Process the toxic chemical:
a. [ ] As a reactant
b. [ ] As a formulation component
c. [X] As an article component
d. [ ] Repackaging
e. [ ] As an impurity

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 ONSITE AT ANY TIME DURING THE CALENDAR YEAR

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

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA X			
5.2	Stack or point air emissions	NA X			
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2	NA				
5.3.3	NA				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [ ] and indicate the Part II, Section 5.3 page number in this box. [ ] (example: 1,2,3, etc.)

*For Dioxin or Dioxin-like compounds, report in grams/year.
** Range Codes: A= 1-10 pounds, B= 11-499 pounds; C= 500-999 pounds.

FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 98108RLMJR8531E

Toxic Chemical, Category or Generic Name: Manganese

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (continued)

		NA	A. Total Release (pounds/year*) (enter range code ** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X		
5.4.2	Underground Injection onsite to Class II-V Wells	X		
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	X		
5.5.1B	Other landfills	X		
5.5.2	Land treatment/application farming	X		
5.5.3A	RCRA Subtitle C surface impoundments	X		
5.5.3B	Other surface impoundments	X		
5.5.4	Other disposal	X		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

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						
POTW Address							
City		State		County		Zip	
6.1.B ____	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] and indicate the Part II, Section 6.1 page number in this box [ ] (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. X	Off-Site EPA Identification Number (RCRA ID No.)	ORD 089452353					
Off-Site Location Name	Chemical Waste Management of the Northwest						
Off-Site Address	17629 Cedar Springs Lane						
City	Arlington	State	Oregon	County	Gilliam	Zip	97812
Country (Non-US)							
Is location under control of reporting facility or parent company?					[ ] Yes	[X] No	

* For Dioxin or Dioxin-like compounds, report in grams/year
** Range Codes: A=1-10 pounds; B=11-499 pounds; C=500 - 999 pounds.

FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 98018RLMJR8531E

Toxic Chemical, Category or Generic Name: Manganese

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. 25,384	1. M	1. M 41
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2 ____ Off-Site EPA Identification Number (RCRA ID No.): ORQ000014886

Off-Site Location Name: Wasco County Landfill

Off-Site Address: 2550 Stele Road

City	State	County	Zip	Country (Non-US)
Dalles	Oregon	Wasco	97058	

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

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. ~~61,324~~ 250,000	1. M	1. M 64
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

[X] 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 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.)

*For Dioxin or Dioxin-like compounds, report in grams/year

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

FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
98108RLMJR8531E
Toxic Chemical, Category or Generic Name
Manganese

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 [ ]

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 [ ]

SECTION 8. SOURCE REDUCTION AND RECYLING ACTIVITIES

		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					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	NA	NA	NA
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	363,665	~~86,708~~ 250,000	~~95,378~~ 280,000	~~104,917~~ 310,000
8.1d	Total other off-site disposal or other releases	NA	~~NA~~ 25,000	~~NA~~ 28,000	~~NA~~ 31,000
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
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)*				
8.9	Production ratio or activity index	2004/2003	6227/3738 = 1.66		
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 information on source reduction, recycling, or pollution control activities included with this report? (Check one box)	[ ]	[X]

*For Dioxin or Dioxin-like compounds, report in grams/year

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

Form Approved OMB Number: 2070-0093
Approval Expires: 01/31/2006

EPA
United States Environmental Protection Agency

FORM R

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: 98108RLMJR8531E

Toxic Chemical, Category or Generic Name: Nickel

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center, P. O. Box 1513, Lanham, MD 20703-1513, 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 1. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2004

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized
(Answer only if "YES" in 2.1)

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:	Signature:	Date Signed:
Ronald Altier, Vice President Administration	Ronald Altier	6/29/05

SECTION 4. FACILITY IDENTIFICATION

Ronald Altier 2/6/05

4.1 TRI Facility ID Number: 98108RLMJ8531E

Facility or Establishment Name: Jorgensen Forge Corporation

Facility or Establishment Name or Mailing Address (If different from street address):

Street: 8531 E Marginal Way S

Mailing Address:

City/County/State/Zip Code: Tukwila, King County WA 98108

City/State/Zip Code:

Country (Non-US):

4.2 This report contains information for: (Important: Check a or b; check c or d if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3 Technical Contact Name: Ronald Altier
Telephone Number (include area code): (206) 676-9249
Email Address: raltier@jorgensenforge.com

4.4 Public Contact Name: Ronald Altier
Telephone Number (include area code): (206) 676-9249

4.5 SIC Code (s) (4 digits)	Primary					
	a. 3462	b.	c.	d.	e.	f.

4.6	Degrees	Minutes	Seconds		Degrees	Minutes	Seconds
Latitude	047	31	31	Longitude	122	18	18

4.7 Dun & Bradstreet Number (s) (9 digits)	4.8 EPA Identification Number (RCRA ID No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 790885842	a. WAD000602813	a. NA	a. NA
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company: NA [X]

5.2 Parent Company's Dun & Bradstreet Number: NA [X]

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

FORM R

PART II. TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

TRI Facility ID Number: 98108RLMJR8531E

Toxic Chemical, Category or Generic Name: Nickel

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed 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.)
7440-02-0

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

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

1.4 **Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.**
(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

NA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
X																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed 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. [X] Produce b. [ ] Import
If produce or import
c. [ ] For on-site use/processing
d. [ ] For sale/distribution
e. [ ] As a byproduct
f. [X] As an impurity

3.2 Process the toxic chemical:
a. [ ] As a reactant
b. [ ] As a formulation component
c. [X] As an article component
d. [ ] Repackaging
e. [ ] As an impurity

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 ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 02 (Enter two digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA X			
5.2	Stack or point air emissions	NA X			
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2	NA				
5.3.3	NA				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [ ] and indicate the Part II, Section 5.3 page number in this box. [ ] (example: 1,2,3, etc.)

*For Dioxin or Dioxin-like compounds, report in grams/year.
** Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 98108RLMJR8531E

Toxic Chemical, Category or Generic Name: Nickel

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (continued)

		NA	A. Total Release (pounds/year*) (enter range code ** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X		
5.4.2	Underground Injection onsite to Class II-V Wells	X		
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	X		
5.5.1B	Other landfills	X		
5.5.2	Land treatment/application farming	X		
5.5.3A	RCRA Subtitle C surface impoundments	X		
5.5.3B	Other surface impoundments	X		
5.5.4	Other disposal	X		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

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						
POTW Address							
City		State		County		Zip	
6.1.B ____	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] and indicate the Part II, Section 6.1 page number in this box [ ] (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. X	Off-Site EPA Identification Number (RCRA ID No.)	ORD 089452353					
Off-Site Location Name	Chemical Waste Management of the Northwest						
Off-Site Address	17629 Cedar Springs Lane						
City	Arlington	State	Oregon	County	Gilliam	Zip	97812
Country (Non-US)							
Is location under control of reporting facility or parent company?						[ ] Yes	[X] No

* For Dioxin or Dioxin-like compounds, report in grams/year
** Range Codes: A=1-10 pounds; B=11-499 pounds; C=500 - 999 pounds.

FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 98018RLMJR8531E

Toxic Chemical, Category or Generic Name: Nickel

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. 698	1. M	1. M 41
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2 _____ Off-Site EPA Identification Number (RCRA ID No.) ORQ000014886

Off-Site Location Name: Wasco County Landfill

Off-Site Address: 2550 Steele Road

City	State	County	Zip	Country (Non-US)
The Dalles	OR	Wasco	97058	

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

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. 28,000	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

[X] 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 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.)

*For Dioxin or Dioxin-like compounds, report in grams/year

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

FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
98108RLMJR8531E
Toxic Chemical, Category or Generic Name
Nickel

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 [ ]

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 [ ]

SECTION 8. SOURCE REDUCTION AND RECYLING ACTIVITIES

		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					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	NA	NA	NA
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	0	~~698~~ 28,000	~~768~~ 31,000	~~844~~ 34,000
8.1d	Total other off-site disposal or other releases	NA	~~NA~~ 700	~~NA~~ 770	~~NA~~ 850
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
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)*				
8.9	Production ratio or activity index	$\frac{2004}{\cancel{2003}}$ $\frac{6227}{\cancel{3738}}$ = 1.66			
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 information on source reduction, recycling, or pollution control activities included with this report? (Check one box)	[ ]	[X]

*For Dioxin or Dioxin-like compounds, report in grams/year

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

Form Approved OMB Number: 2070-0093
Approval Expires: 01/31/2006

EPA
United States Environmental Protection Agency

FORM R

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: 98108RLMJR8531E

Toxic Chemical, Category or Generic Name: Chromium

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center, P. O. Box 1513, Lanham, MD 20703-1513, 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 1. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2004

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

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:	Signature	Date Signed:
Ronald Altier, Vice President Administration	Ronald Altier	6/29/05

SECTION 4. FACILITY IDENTIFICATION

Ronald Altier 7/6/05

4.1 TRI Facility ID Number: 98108RLMJ8531E

Facility or Establishment Name: Jorgensen Forge Corporation

Facility or Establishment Name or Mailing Address (If different from street address):

Street: 8531 E Marginal Way S

Mailing Address:

City/County/State/Zip Code: Tukwila, King County WA 98108

City/State/Zip Code:

Country (Non-US):

4.2 This report contains information for: (Important: Check a or b; check c or d if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3 Technical Contact Name: Ronald Altier
Telephone Number (include area code): (206) 676-9249
Email Address: raltier@jorgensenforge.com

4.4 Public Contact Name: Ronald Altier
Telephone Number (include area code): (206) 676-9249

4.5 SIC Code (s) (4 digits)	Primary a. 3462	b.	c.	d.	e.	f.

4.6	Degrees	Minutes	Seconds		Degrees	Minutes	Seconds
Latitude	047	31	31	Longitude	122	18	18

4.7 Dun & Bradstreet Number (s) (9 digits)	4.8 EPA Identification Number (RCRA ID No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 790885842	a. WAD000602813	a. NA	a. NA
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company: NA [X]

5.2 Parent Company's Dun & Bradstreet Number: NA [X]

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

FORM R

PART II. TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

TRI Facility ID Number: 98108RLMJR8531E

Toxic Chemical, Category or Generic Name: Chromium

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed 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.)
7440-47-3

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

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

1.4 **Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.**
(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

NA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
X																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed 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. [X] Produce b. [ ] Import
If produce or import
c. [ ] For on-site use/processing
d. [ ] For sale/distribution
e. [ ] As a byproduct
f. [X] As an impurity

3.2 Process the toxic chemical:
a. [ ] As a reactant
b. [ ] As a formulation component
c. [X] As an article component
d. [ ] Repackaging
e. [ ] As an impurity

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 ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 03 (Enter two digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA X			
5.2	Stack or point air emissions	NA X			
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2	NA				
5.3.3	NA				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [ ] and indicate the Part II, Section 5.3 page number in this box. [ ] (example: 1,2,3, etc.)

*For Dioxin or Dioxin-like compounds, report in grams/year.
** Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 98108RLMJR8531E

Toxic Chemical, Category or Generic Name: Chromium

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (continued)

		NA	A. Total Release (pounds/year*) (enter range code ** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X		
5.4.2	Underground Injection onsite to Class II-V Wells	X		
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	X		
5.5.1B	Other landfills	X		
5.5.2	Land treatment/application farming	X		
5.5.3A	RCRA Subtitle C surface impoundments	X		
5.5.3B	Other surface impoundments	X		
5.5.4	Other disposal	X		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

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						
POTW Address							
City		State		County		Zip	
6.1.B ____	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] and indicate the Part II, Section 6.1 page number in this box [ ] (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2 X	Off-Site EPA Identification Number (RCRA ID No.)	ORD 089452353					
Off-Site Location Name	Chemical Waste Management of the Northwest						
Off-Site Address	17629 Cedar Springs Lane						
City	Arlington	State	Oregon	County	Gilliam	Zip	97812
Country (Non-US)							

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

* For Dioxin or Dioxin-like compounds, report in grams/year
** Range Codes: A=1-10 pounds; B=11-499 pounds; C=500 - 999 pounds.

FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 98018RLMJR8531E

Toxic Chemical, Category or Generic Name: Chromium

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. 6,557	1.	1. M41
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2 ____ Off-Site EPA Identification Number (RCRA ID No.) ORQ000014886

Off-Site Location Name: Wasco County Landfill

Off-Site Address: 2550 Steele Road

City	State	County	Zip	Country (Non-US)
The Dalles	OR	Wasco	97058	

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

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. 6,400	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

[X] 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 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.)

*For Dioxin or Dioxin-like compounds, report in grams/year

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

FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 98108RLMJR8531E

Toxic Chemical, Category or Generic Name: Chromium ~~Chromium~~

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 [ ]

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 [ ]

SECTION 8. SOURCE REDUCTION AND RECYLING ACTIVITIES

		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					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	NA	NA	NA
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	24,287	~~6,557~~ 6,400	~~7,233~~ 7,000	~~7,934~~ 7,700
8.1d	Total other off-site disposal or other releases	NA	~~NA~~ 6,600	~~NA~~ 7,300	~~NA~~ 8,000
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
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)*				
8.9	Production ratio or activity index	2004 / ~~2003~~	6227 / ~~3738~~ = 1.66		
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 information on source reduction, recycling, or pollution control activities included with this report? (Check one box)	[ ]	[X]

*For Dioxin or Dioxin-like compounds, report in grams/year

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

Form Approved OMB Number: 2070-0093
Approval Expires: 01/31/2006

EPA
United States Environmental Protection Agency

FORM R

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: 98108RLMJR8531E

Toxic Chemical, Category or Generic Name: Manganese

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center, P. O. Box 1513, Lanham, MD 20703-1513, 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 1. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2004

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

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:	Signature:	Date Signed:
Ronald Altier, Vice President Administration	Ronald Altier	6/29/05

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number: 98108RLMJR8531E

Facility or Establishment Name: Jorgensen Forge Corporation

Facility or Establishment Name or Mailing Address (If different from street address):

Street: 8531 E Marginal Way S

Mailing Address:

City/County/State/Zip Code: Tukwila, King County WA 98108

City/State/Zip Code:

Country (Non-US):

4.2 This report contains information for: (Important: Check a or b; check c or d if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3 Technical Contact Name: Ronald Altier
Telephone Number (include area code): (206) 676-9249
Email Address: raltier@jorgensenforge.com

4.4 Public Contact Name: Ronald Altier
Telephone Number (include area code): (206) 676-9249

4.5 SIC Code (s) (4 digits)	Primary					
	a. 3462	b.	c.	d.	e.	f.

4.6	Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds
		047	31	31		122	18	18

4.7 Dun & Bradstreet Number (s) (9 digits)	4.8 EPA Identification Number (RCRA ID No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 790885842	a. WAD000602813	a. NA	a. NA
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company: NA [X]

5.2 Parent Company's Dun & Bradstreet Number: NA [X]

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

FORM R

PART II. TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

TRI Facility ID Number: 98108RLMJR8531E

Toxic Chemical, Category or Generic Name: Manganese

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed 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.)
7439-96-5

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

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

1.4 **Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.**
(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

NA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
X																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed 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. [X] Produce b. [ ] Import
If produce or import
c. [ ] For on-site use/processing
d. [ ] For sale/distribution
e. [ ] As a byproduct
f. [X] As an impurity

3.2 Process the toxic chemical:
a. [ ] As a reactant
b. [ ] As a formulation component
c. [X] As an article component
d. [ ] Repackaging
e. [ ] As an impurity

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 ONSITE AT ANY TIME DURING THE CALENDAR YEAR

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

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA X			
5.2	Stack or point air emissions	NA X			
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2	NA				
5.3.3	NA				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [ ] and indicate the Part II, Section 5.3 page number in this box. [ ] (example: 1,2,3, etc.)

*For Dioxin or Dioxin-like compounds, report in grams/year.
** Range Codes: A= 1-10 pounds, B= 11-499 pounds; C= 500-999 pounds.

FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 98108RLMJR8531E

Toxic Chemical, Category or Generic Name: Manganese

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (continued)

		NA	A. Total Release (pounds/year*) (enter range code ** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X		
5.4.2	Underground Injection onsite to Class II-V Wells	X		
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	X		
5.5.1B	Other landfills	X		
5.5.2	Land treatment/application farming	X		
5.5.3A	RCRA Subtitle C surface impoundments	X		
5.5.3B	Other surface impoundments	X		
5.5.4	Other disposal	X		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

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						
POTW Address							
City		State		County		Zip	
6.1.B ____	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] and indicate the Part II, Section 6.1 page number in this box [ ] (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. X	Off-Site EPA Identification Number (RCRA ID No.)	ORD 089452353					
Off-Site Location Name	Chemical Waste Management of the Northwest						
Off-Site Address	17629 Cedar Springs Lane						
City	Arlington	State	Oregon	County	Gilliam	Zip	97812
Country (Non-US)							
Is location under control of reporting facility or parent company?					[ ] Yes	[X] No	

* For Dioxin or Dioxin-like compounds, report in grams/year
** Range Codes: A=1-10 pounds; B=11-499 pounds; C=500 - 999 pounds.

FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 98018RLMJR8531E

Toxic Chemical, Category or Generic Name: Manganese

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. 25,384	1. M	1. M 41
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2 ____ Off-Site EPA Identification Number (RCRA ID No.): ORQ000014886

Off-Site Location Name: Wasco County Landfill

Off-Site Address: 2550 Stele Road

City	State	County	Zip	Country (Non-US)
Dalles	Oregon	Wasco	97058	

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

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. ~~61,324~~ 250,000	1. M	1. M 64
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

[X] 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 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.)

*For Dioxin or Dioxin-like compounds, report in grams/year

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

FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
98108RLMJR8531E
Toxic Chemical, Category or Generic Name
Manganese

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 [ ]

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 [ ]

SECTION 8. SOURCE REDUCTION AND RECYLING ACTIVITIES

		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					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	NA	NA	NA
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	363,665	~~86,708~~ 250,000	~~95,378~~ 280,000	~~104,917~~ 310,000
8.1d	Total other off-site disposal or other releases	NA	~~NA~~ 25,000	~~NA~~ 28,000	~~NA~~ 31,000
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
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)*				
8.9	Production ratio or activity index	$\frac{2004}{2003}$ $\frac{6227}{3738}$ = 1.66			
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 information on source reduction, recycling, or pollution control activities included with this report? (Check one box)	[ ]	[X]

*For Dioxin or Dioxin-like compounds, report in grams/year

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

Form Approved OMB Number: 2070-0093
Approval Expires: 01/31/2006

EPA
United States Environmental Protection Agency

FORM R

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: 98108RLMJR8531E

Toxic Chemical, Category or Generic Name: Nickel

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center, P. O. Box 1513, Lanham, MD 20703-1513, 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 1. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2004

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized
(Answer only if "YES" in 2.1)

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:	Signature:	Date Signed:
Ronald Altier, Vice President Administration	Ronald Altier	6/29/05

SECTION 4. FACILITY IDENTIFICATION

Ronald Altier 2/6/06

4.1 TRI Facility ID Number: 98108RLMJ8531E

Facility or Establishment Name: Jorgensen Forge Corporation

Facility or Establishment Name or Mailing Address (If different from street address):

Street: 8531 E Marginal Way S

Mailing Address:

City/County/State/Zip Code: Tukwila, King County WA 98108

City/State/Zip Code:

Country (Non-US):

4.2 This report contains information for: (Important: Check a or b; check c or d if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3 Technical Contact Name: Ronald Altier
Telephone Number (include area code): (206) 676-9249
Email Address: raltier@jorgensenforge.com

4.4 Public Contact Name: Ronald Altier
Telephone Number (include area code): (206) 676-9249

4.5 SIC Code (s) (4 digits)	Primary					
	a. 3462	b.	c.	d.	e.	f.

4.6	Degrees	Minutes	Seconds		Degrees	Minutes	Seconds
Latitude	047	31	31	Longitude	122	18	18

4.7 Dun & Bradstreet Number (s) (9 digits)	4.8 EPA Identification Number (RCRA ID No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 790885842	a. WAD000602813	a. NA	a. NA
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company: NA [X]

5.2 Parent Company's Dun & Bradstreet Number: NA [X]

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

FORM R

PART II. TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

TRI Facility ID Number: 98108RLMJR8531E

Toxic Chemical, Category or Generic Name: Nickel

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed 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.)
7440-02-0

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

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

1.4 **Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.**
(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

NA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
X																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed 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. [X] Produce b. [ ] Import
If produce or import
c. [ ] For on-site use/processing
d. [ ] For sale/distribution
e. [ ] As a byproduct
f. [X] As an impurity

3.2 Process the toxic chemical:
a. [ ] As a reactant
b. [ ] As a formulation component
c. [X] As an article component
d. [ ] Repackaging
e. [ ] As an impurity

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 ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 02 (Enter two digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA X			
5.2	Stack or point air emissions	NA X			
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2	NA				
5.3.3	NA				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [ ] and indicate the Part II, Section 5.3 page number in this box. [ ] (example: 1,2,3, etc.)

*For Dioxin or Dioxin-like compounds, report in grams/year.
** Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 98108RLMJR8531E

Toxic Chemical, Category or Generic Name: Nickel

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (continued)

		NA	A. Total Release (pounds/year*) (enter range code ** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X		
5.4.2	Underground Injection onsite to Class II-V Wells	X		
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	X		
5.5.1B	Other landfills	X		
5.5.2	Land treatment/application farming	X		
5.5.3A	RCRA Subtitle C surface impoundments	X		
5.5.3B	Other surface impoundments	X		
5.5.4	Other disposal	X		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

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						
POTW Address							
City		State		County		Zip	
6.1.B ____	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] and indicate the Part II, Section 6.1 page number in this box [ ] (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. X	Off-Site EPA Identification Number (RCRA ID No.)	ORD 089452353					
Off-Site Location Name	Chemical Waste Management of the Northwest						
Off-Site Address	17629 Cedar Springs Lane						
City	Arlington	State	Oregon	County	Gilliam	Zip	97812
Country (Non-US)							
Is location under control of reporting facility or parent company?						[ ] Yes	[X] No

* For Dioxin or Dioxin-like compounds, report in grams/year
** Range Codes: A=1-10 pounds: B=11-499 pounds; C=500 - 999 pounds.

FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 98018RLMJR8531E

Toxic Chemical, Category or Generic Name: Nickel

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. 698	1. M	1. M 41
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2 _____ Off-Site EPA Identification Number (RCRA ID No.) ORQ000014886

Off-Site Location Name: Wasco County Landfill

Off-Site Address: 2550 Steele Road

City	State	County	Zip	Country (Non-US)
The Dalles	OR	Wasco	97058	

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

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. 28,000	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

[X] 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 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.)

*For Dioxin or Dioxin-like compounds, report in grams/year

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

FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
98108RLMJR8531E
Toxic Chemical, Category or Generic Name
Nickel

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 [ ]

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 [ ]

SECTION 8. SOURCE REDUCTION AND RECYLING ACTIVITIES

		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					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	NA	NA	NA
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	0	~~698~~ 28,000	~~768~~ 31,000	~~844~~ 34,000
8.1d	Total other off-site disposal or other releases	NA	~~NA~~ 700	~~NA~~ 770	~~NA~~ 850
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
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)*				
8.9	Production ratio or activity index	$\frac{2004}{2003} \frac{6227}{3738} = 1.66$			
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 information on source reduction, recycling, or pollution control activities included with this report? (Check one box)	[ ]	[X]

*For Dioxin or Dioxin-like compounds, report in grams/year