

 United States Environmental Protection Agency	<h1>FORM R</h1>	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
Toxic Chemical, Category, or Generic Name
<i>Chromium compounds</i>

WHERE TO SEND COMPLETED FORMS:	1. EPCRA Reporting Center P.O. Box 3348 Merrifield, VA 22116-3348 ATTN: TOXIC RELEASE INVENTORY	2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)
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Enter X here if this is a revision	
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IMPORTANT: See instructions to determine when Not Applicable (NA) boxes should be checked.

For EPA use only

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 19_94_	SECTION 2. TRADE SECRET INFORMATION	
	2.1	Are you claiming the toxic chemical identified on page 3 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms) <input checked="" type="checkbox"/> No (Do not answer question 2.2; Go to Section 3)
	2.2	If yes in 2.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> 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

E.W. Caphart, Jr., Executive Vice President

Signature	Date Signed
E. W. Caphart, Jr.	<i>02/05/98</i>

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name		TRI Facility ID Number		
	<i>Roto Plate, International, Inc.</i>				
	Street Address				
	<i>56 Industrial Way</i>				
	City		County		
	<i>Cedar Rapids</i>		<i>Linn</i>		
	State		Zip Code		
	<i>Iowa</i>		<i>52401</i>		
Mailing Address (if different from street address)		PUT LABEL HERE			
City					
State					Zip Code



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PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
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SECTION 4. FACILITY IDENTIFICATION (Continued)							
4.2	This report contains information for: (Important: check a <u>or</u> b; check c if applicable)		a. <input checked="" type="checkbox"/> An entire facility	b. <input type="checkbox"/> Part of a facility	c. <input type="checkbox"/> A Federal facility		
4.3	Technical Contact	Name <i>Carl Franklin</i>	Telephone Number (include area code) <i>319-555-1212</i>				
4.4	Public Contact	Name <i>Marilyn R. Wyse</i>	Telephone Number (include area code) <i>319-555-1212</i>				
4.5	SIC Code (4-digit)	a. <i>3471</i>	b. <i>3554</i>	c. <i>3599</i>	d.	e. f.	
4.6	Latitude and Longitude	Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
4.7	Dun & Bradstreet Number(s) (9 digits)				a. <i>58-771-5481</i>		
					b.		
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)				a. <i>IAD980551287</i>		
					b.		
4.9	Facility NPDES Permit Number(s) (9 characters)				a. <i>NA</i>		
					b.		
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)				a. <i>NA</i>		
					b.		

SECTION 5. PARENT COMPANY INFORMATION		
5.1	Name of Parent Company <input checked="" type="checkbox"/> NA	
5.2	Parent Company's Dun & Bradstreet Number <input checked="" type="checkbox"/> NA (9 digits)	

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



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PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER

Toxic Chemical, Category, or Generic Name

Chromium compounds

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.)
	<i>N090</i>
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	<i>Chromium compounds</i>
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked yes . Generic Name must be structurally descriptive.)
	<i>NA</i>

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.)
	<i>NA</i>

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

3.1	Manufacture the toxic chemical:	a. <input type="checkbox"/> Produce	If produce or import:	
		b. <input type="checkbox"/> Import	c. <input type="checkbox"/> For on-site use/processing	d. <input type="checkbox"/> For sale/distribution
3.2	Process the toxic chemical:	a. <input type="checkbox"/> As a reactant	c. <input checked="" type="checkbox"/> As an article component	e. <input type="checkbox"/> As a byproduct
		b. <input type="checkbox"/> As a formulation component	d. <input type="checkbox"/> Repackaging	f. <input type="checkbox"/> As an impurity
3.3	Otherwise use the toxic chemical:	a. <input type="checkbox"/> As a chemical processing aid	c. <input type="checkbox"/> Ancillary or other use	
		b. <input type="checkbox"/> As a manufacturing aid		

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

4.1	<input type="text" value="04"/>	(Enter two-digit code from instruction package.)	
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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	<input checked="" type="checkbox"/> NA	C	O	
5.2	Stack or point air emissions	<input checked="" type="checkbox"/> 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				
5.3.3	Stream or Water Body Name				
5.4	Underground injections on-site	<input checked="" type="checkbox"/> NA			
5.5	Releases to land on-site				
5.5.1	Landfill	<input checked="" type="checkbox"/> NA			
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/> NA			
5.5.3	Surface impoundment	<input checked="" type="checkbox"/> NA			
5.5.4	Other disposal	<input checked="" type="checkbox"/> NA			
<input checked="" type="checkbox"/>	Check here if additional Section 5.3 information is provided on page 5 of this form.				



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

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<i>Chromium Compounds</i>

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			
5.3. ___	Stream or Water Body Name			
5.3. ___	Stream or Water Body Name			

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

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year (enter range code or estimate)	6.1.A.2 Basis of estimate (enter code)
<i>B</i>	<i>M</i>

6.1.B POTW Name and Location Information

6.1.B. <u>1</u>	POTW Name	6.1.B. ___	POTW Name
	<i>Cedar Rapids Wastewater Treatment</i>		
Street Address	7525 Bertram Road S.E.	Street Address	
City	Cedar Rapids	City	
County	Linn	County	
State	Iowa	State	
Zip Code	52402	Zip Code	

If additional pages of Part II, Sections 5.3 and/or 6.1 are attached, indicate the total number of pages in this box ; and indicate which Part II, Sections 5.3/6.1 page this is, here. ; (example: 1, 2, 3, etc.)



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

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Chromium compounds

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1	Off-site EPA Identification Number (RCRA ID No.)		ALD000622464	
Off-site Location Name				
<i>Chemical Waste Management, Inc.</i>				
Street Address				
<i>Highway 17, Mile Marker 163</i>				
City		County		
<i>Emelle</i>				
State	Zip Code	Is location under control of reporting facility or parent company?		
<i>Alabama</i>	<i>35459</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <i>2,063</i>		1. <i>M</i>		1. <i>M72</i>
2. <i>NA</i>		2.		2. <i>M</i>
3.		3.		3. <i>M</i>
4.		4.		4. <i>M</i>

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.	Off-site EPA Identification Number (RCRA ID No.)			
Off-site Location Name				
Street Address				
City		County		
State	Zip Code	Is location under control of reporting facility or parent company?		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <i>M</i>
2.		2.		2. <i>M</i>
3.		3.		3. <i>M</i>
4.		4.		4. <i>M</i>

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

Not Applicable (NA)		- Check here if <u>no</u> 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 S	7A.1b	1	C21	2	C01	7A.1c	7A.1d	7A.1e		
	3	C11	4	P12	5	P13	2	99 %	Yes	No
	6		7		8			X	img alt="info icon"/>	
7A.2a	7A.2b	1		2		7A.2c	7A.2d	7A.2e		
	3		4		5		%	Yes	No	
	6		7		8			img alt="info icon"/>	img alt="info icon"/>	
7A.3a	7A.3b	1		2		7A.3c	7A.3d	7A.3e		
	3		4		5		%	Yes	No	
	6		7		8			img alt="info icon"/>	img alt="info icon"/>	
7A.4a	7A.4b	1		2		7A.4c	7A.4d	7A.4e		
	3		4		5		%	Yes	No	
	6		7		8			img alt="info icon"/>	img alt="info icon"/>	
7A.5a	7A.5b	1		2		7A.5c	7A.5d	7A.5e		
	3		4		5		%	Yes	No	
	6		7		8			img alt="info icon"/>	img alt="info icon"/>	

If additional pages of page 7 are attached, indicate the total number of pages in this box, and indicate which part 7 this is, here. (example: 1, 2, 3, etc.)



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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 energy recovery 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
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TRI FACILITY ID NUMBER
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SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

<i>All quantity estimates can be reported using up to two significant figures.</i>		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*				
8.2	Quantity used for energy recovery on-site				
8.3	Quantity used for energy recovery off-site				
8.4	Quantity recycled on-site				
8.5	Quantity recycled off-site				
8.6	Quantity treated on-site				
8.7	Quantity treated off-site				
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				
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 code(s)]			
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.	
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

*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.

