Form Approved OMB No.: 2070-0093
Approval Expires: 01/91
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(Important: Type or print; read instructions before completing form.)

U.S. Environmental Protection Agency

EPA TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313, Title III of The Superfund Amendments and Reauthorization Act of 1986

EPA FORM R

(This space for EPA use only.)

PART I. FACILITY IDENTIFICATION INFORMATION

1. 1.1 Does this report contain trade secret information? ☐ Yes (Answer 1.2) ☒ No (Do not answer 1.2)
1.2 Is this a sanitized copy? ☐ Yes ☐ No
1.3 Reporting Year: 1987

2. CERTIFICATION (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: T.G. Brown, Works Manager, PPG Industries, Lake Charles, LA

Signature: T.G. Brown

Date signed: 6/9/88

3. FACILITY IDENTIFICATION

3.1 Facility or Establishment Name: PPG Industries, Inc.
Street Address: Columbia Southern Rd.
City: Westlake
County: Calcasieu
State: LA
Zip Code: 70669

3.2 This report contains information for: (check one)
a. ☒ An entire covered facility.
b. ☐ Part of a covered facility.

3.3 Technical Contact: Andy P. Plauche'
Telephone Number (include area code): (318) 491-4814

3.4 Public Contact: William J. Peard
Telephone Number (include area code): (318) 491-4848

3.5 a. SIC Code: 2812 b. 2816 c. 2869 NA

3.6 Latitude: Deg. 30 Min. 13 Sec. 27 Longitude: Deg. 093 Min. 16 Sec. 59 NA

3.7 Dun & Bradstreet Number(s): a. 00-808-6506 b. NA

3.8 EPA Identification Number (RCRA I.D. No.): a. LAD008086506 b. NA

3.9 NPDES Permit Number(s): a. LA0000761 b. NA

Where to send completed f rms:
U.S. Environmental Protection Agency
P.O. Box 70266
Washington, DC 20024-0266
Attn: Toxic Chemical Release Inventory

3.10 Name of Receiving Stream(s) or Water Body(s):
a. Calcasieu River
b. Bayou D'Inde
c. Bayou Verdine

3.11 Underground Injection Well Code (UIC) Identification No.: NA NA

4. PARENT COMPANY INFORMATI N

4.1 Name of Parent Company: PPG Industries, Inc.

4.2 Parent Company's Dun & Bradstreet No.: 00-134-4803 SL 022673

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

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

1. PUBLICLY OWNED TREATMENT WORKS (POTW)

Facility Name: NA	
Street Address:	
City:	County:
State:	Zip:

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

[1] Other off-site location

EPA Identification Number (RCRA ID. No.)	L A D 0 0 0 7 7 7 2 0 1
Facility Name	Chemical Waste Management Inc.
Street Address	John Brannon Road
City	Carlyss
County	Calcasieu
State	LA
Zip	7 0 6 6 3 -

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

[2] Other off-site location

EPA Identification Number (RCRA ID. No.)	T X D 0 5 5 1 4 1 3 7 8
Facility Name	Rollins Environmental Services (TX) Inc.
Street Address	2027 Battleground Road
City	Dear Park
County	Harris
State	TX
Zip	7 7 5 3 6 -

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

[3] Other off-site location

EPA Identification Number (RCRA ID. No.)	A L D 0 0 0 6 2 2 4 6 4
Facility Name	Chemical Waste Management - Emelle Facility
Street Address	Alabama Highway 17 at Mile Marker 163
City	Emelle
County	Sumter
State	Alabama
Zip	3 5 4 5 9 -

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

☐ Check if additional pages of Part II are attached.

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PART III. CHEMICAL SPECIFIC INFORMATION

1. CHEMICAL IDENTITY

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

1.2 CAS # 0 0 0 0 6 7 - 6 6 - 3 (Use leading zeros if CAS number does not fill space provided.)

1.3 Chemical or Chemical Category Name: Chloroform

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

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

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

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

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

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

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

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

0 5 (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT

You may report releases of less than 1,000 lbs. by checking ranges under A.1.		A. Total Release (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	5.1a				52,000	5.1b O	
5.2 Stack or point air emissions	5.2a				18,000	5.2b M	
5.3 Discharg s to water 5.3.1 a (Enter letter code from Part I Section 3.10 for streams(s).)	5.3.1a	X				5.3.1b O	5.3.1c ND
5.3.2 b	5.3.2a				7,600	5.3.2b M	5.3.2c ND
5.3.3 c	5.3.3a	X				5.3.3b M	5.3.3c ND
5.4 Underground injection	5.4a	NA				5.4b ☐	
5.5 Releases t land 5.5.1 D 9 9 (enter code)	5.5.1a				1	5.5.1b O	
5.5.2 (enter code)	5.5.2a	NA				5.5.2b ☐	
5.5.3 (enter code)	5.5.3a	NA				5.5.3b ☐	

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

SL 022675

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

	You may report transfers of less than 1,000 lbs. by checking ranges under A.1.	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0	1-499	500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/ Disposal (enter code)
6.1	Discharge to POTW	NA				6.1b	
6.2	Other off-site location (Enter block number from Part II, Section 2.) 1				830	6.2b M	6.2c M 7 2
6.3	Other off-site location (Enter block number from Part II, Section 2.) 2				15,000	6.3b M	6.3c M 5 0
6.4	Other off-site location (Enter block number from Part II, Section 2.) 3				2,400	6.4b M	6.4c M 7 2

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

7. WASTE TREATMENT METHODS AND EFFICIENCY

	A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.1	a L	b F 0 1	c 2	d ☐	e 99.99 %	f X	☐
7.2	a A	b F 7 1	c 1	d ☐	e 99.99 %	f X	☐
7.3	a A	b A 0 3	c 1	d ☐	e 0 %	f ☐	X
7.4	a W	b P 4 2	c 1	d ☐	e 91.81 %	f X	☐
7.5	a ☐	b ☐	c ☐	d ☐	e %	f ☐	☐
7.6	a ☐	b ☐	c ☐	d ☐	e %	f ☐	☐
7.7	a ☐	b ☐	c ☐	d ☐	e %	f ☐	☐
7.8	a ☐	b ☐	c ☐	d ☐	e %	f ☐	☐
7.9	a ☐	b ☐	c ☐	d ☐	e %	f ☐	☐
7.10	a ☐	b ☐	c ☐	d ☐	e %	f ☐	☐
7.11	a ☐	b ☐	c ☐	d ☐	e %	f ☐	☐
7.12	a ☐	b ☐	c ☐	d ☐	e %	f ☐	☐
7.13	a ☐	b ☐	c ☐	d ☐	e %	f ☐	☐
7.14	a ☐	b ☐	c ☐	d ☐	e %	f ☐	☐

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

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of modification (enter code)	B. Quantity of the chemical in the wastestream prior to treatment/disposal: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for action (enter code)
NA ☐☐			% ☐☐		SL 022676 ☐☐