

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

U.S. Environmental Protection Agency  
TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

EPA FORM

R

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

## PART I. FACILITY IDENTIFICATION INFORMATION

(This space for EPA use only.)

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

|                                                        |                       |                                                                                                                                                                                           |
|--------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility or Establishment Name<br>PPG Industries, Inc. |                       | 3.2<br>This report contains information for: (check one)<br>a. <input checked="" type="checkbox"/> An entire covered facility.<br>b. <input type="checkbox"/> Part of a covered facility. |
| Street Address<br>Columbia Southern Rd.                |                       |                                                                                                                                                                                           |
| City<br>Westlake                                       | County<br>Calcasieu   |                                                                                                                                                                                           |
| State<br>LA                                            | Zip Code<br>7 0 6 6 9 |                                                                                                                                                                                           |

|                                              |                                                        |
|----------------------------------------------|--------------------------------------------------------|
| 3.3<br>Technical Contact<br>Andy P. Plauche' | Telephone Number (include area code)<br>(818) 491-4814 |
|----------------------------------------------|--------------------------------------------------------|

|                                           |                                                        |
|-------------------------------------------|--------------------------------------------------------|
| 3.4<br>Public Contact<br>William J. Peard | Telephone Number (include area code)<br>(818) 491-4848 |
|-------------------------------------------|--------------------------------------------------------|

|                                  |                  |                  |    |
|----------------------------------|------------------|------------------|----|
| 3.5<br>a. SIC Code<br>2, 8, 1, 2 | b.<br>2, 8, 1, 6 | c.<br>2, 8, 6, 9 | NA |
|----------------------------------|------------------|------------------|----|

|                                                          |                                                    |    |
|----------------------------------------------------------|----------------------------------------------------|----|
| 3.6<br>Latitude<br>Deg. Min. Sec.<br>0, 3, 0, 1, 3, 2, 7 | Longitude<br>Deg. Min. Sec.<br>0, 9, 3, 1, 6, 5, 9 | NA |
|----------------------------------------------------------|----------------------------------------------------|----|

|                                                                      |       |
|----------------------------------------------------------------------|-------|
| 3.7<br>Dun & Bradstreet Number(s)<br>0, 0, 1, 8, 0, 8, 1, 6, 5, 0, 6 | b. NA |
|----------------------------------------------------------------------|-------|

|                                                                                         |       |
|-----------------------------------------------------------------------------------------|-------|
| 3.8<br>EPA Identification Number (RCRA I.D. No.)<br>LA, A, D, 0, 0, 8, 0, 8, 6, 5, 0, 6 | b. NA |
|-----------------------------------------------------------------------------------------|-------|

|                                                             |       |
|-------------------------------------------------------------|-------|
| 3.9<br>NPDES Permit Number(s)<br>LA, A, Q, 0, 0, 0, 7, 6, 1 | b. NA |
|-------------------------------------------------------------|-------|

|                                                      |                    |
|------------------------------------------------------|--------------------|
| 3.10<br>Name of Receiving Stream(s) or Water Body(s) | a. Calcasieu River |
|                                                      | b. Bayou D'Inde    |
|                                                      | c. Bayou Verdine   |

|                                                                        |    |
|------------------------------------------------------------------------|----|
| 3.11<br>Underground Injection Well Code (UIC) Identification No.<br>NA | NA |
|------------------------------------------------------------------------|----|

## 4. PARENT COMPANY INFORMATION

|                                                       |           |
|-------------------------------------------------------|-----------|
| 4.1<br>Name of Parent Company<br>PPG Industries, Inc. | SL 022703 |
|-------------------------------------------------------|-----------|

|                                                                              |
|------------------------------------------------------------------------------|
| 4.2<br>Parent Company's Dun & Bradstreet No.<br>0, 0, 1, 3, 4, 1, 4, 8, 0, 3 |
|------------------------------------------------------------------------------|

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**EPA FORM R**  
**PART II. OFF-SITE LOCATIONS TO WHICH TOXIC**  
**CHEMICALS ARE TRANSFERRED IN WASTES**

**1. PUBLICLY OWNED TREATMENT WORKS (POTW)**

Facility Name

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 y u use.**

☐ Other ff-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

NA

Street Address

City

County

State

Zip

Is location under control of reporting facility or parent company?

☐☐

Yes

No

☐ Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

NA

Street Address

City

County

State

Zip

Is location under control of reporting facility or parent company?

☐☐

Yes

No

☐ Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

NA

Street Address

City

County

State

Zip

Is location under control of reporting facility or parent company?

☐☐

Yes

No

☐ Check if additional pages of Part II are attached.

SL 022704

(This space for EPA use only.)

# EPA FORM R

## PART III. CHEMICAL SPECIFIC INFORMATION

**1. CHEMICAL IDENTITY**

- 1.1 ☐ Trade Secret (Provide a generic name in 1.4 below. Attach substantiation form to this submission.)
- 1.2 CAS #  -  -  (Use leading zeros if CAS number does not fill space provided.)
- 1.3 Chemical or Chemical Category Name  
1,4-Dioxane
- 1.4 Generic Chemical Name (Complete only if 1.1 is checked.)  
NA

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

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

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

- 3.1 Manufacture: a. ☐ Produce b. ☐ Import c. ☐ For on-site use/processing  
d. ☐ For sale/distribution e. ☐ As a byproduct f. ☐ As an impurity
- 3.2 Process: a. ☐ As a reactant b. ☒ As a formulation component c. ☐ As an article component  
d. ☐ Repackaging only
- Otherwise Used: a. ☐ As a chemical processing aid b. ☐ As a manufacturing aid c. ☐ Ancillary or other use

**4. MAXIMUM AMOUNT OF THE CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR** (enter code)**5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT**

| You may report releases of less than 1,000 lbs. by checking ranges under A.1.           |                                                                                                              | A. Total Release (lbs/yr) |       |         | B. Basis of Estimate (enter code) |                                       |                                   |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------|-------|---------|-----------------------------------|---------------------------------------|-----------------------------------|
|                                                                                         |                                                                                                              | A.1 Reporting Ranges      |       |         |                                   |                                       | A.2 Enter Estimate                |
|                                                                                         |                                                                                                              | 0                         | 1-499 | 500-999 |                                   |                                       |                                   |
| 5.1 Fugitive or non-point air emissions                                                 | 5.1a                                                                                                         |                           |       |         | 760                               | 5.1b <input type="text" value="E"/>   |                                   |
| 5.2 Stack or point air emissions                                                        | 5.2a                                                                                                         | X                         |       |         |                                   | 5.2b <input type="text" value="0"/>   |                                   |
| 5.3 Discharges to water<br>(Enter letter code from Part I Section 3.10 for streams(s).) | 5.3.1 <input type="text" value="a"/>                                                                         | 5.3.1a                    | X     |         |                                   | 5.3.1b <input type="text" value="0"/> | C. % From Stormwater<br>5.3.1c ND |
|                                                                                         | 5.3.2 <input type="text" value="b"/>                                                                         | 5.3.2a                    |       |         | 3                                 | 5.3.2b <input type="text" value="0"/> | 5.3.2c ND                         |
|                                                                                         | 5.3.3 <input type="text" value="c"/>                                                                         | 5.3.3a                    | X     |         |                                   | 5.3.3b <input type="text" value="0"/> | 5.3.3c ND                         |
| 5.4 Underground injection                                                               | 5.4a                                                                                                         | NA                        |       |         |                                   | 5.4b <input type="text" value=""/>    |                                   |
| 5.5 Releases to land                                                                    | 5.5.1 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> (enter code) | 5.5.1a                    | X     |         |                                   | 5.5.1b <input type="text" value="0"/> |                                   |
|                                                                                         | 5.5.2 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> (enter code) | 5.5.2a                    | NA    |         |                                   | 5.5.2b <input type="text" value=""/>  |                                   |
|                                                                                         | 5.5.3 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> (enter code) | 5.5.3a                    | NA    |         |                                   | 5.5.3b <input type="text" value=""/>  |                                   |

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

SL 022705

| 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) |       |                    | B. Basis of Estimate (enter code) | C. Type of Treatment/Disposal (enter code) |
|                                                                                                            |                                                                                                | A.1 Reporting Ranges        |       | A.2 Enter Estimate |                                   |                                            |
|                                                                                                            |                                                                                                | 0                           | 1-499 | 500-999            |                                   |                                            |
| 6.1                                                                                                        | Discharge to POTW                                                                              | NA                          |       |                    | 6.1b                              | <input type="checkbox"/>                   |
| 6.2                                                                                                        | Other off-site location (Enter block number from Part II, Section 2.) <input type="checkbox"/> | X                           |       |                    | 6.2b                              | <input type="text" value="0"/>             |
| 6.3                                                                                                        | Other off-site location (Enter block number from Part II, Section 2.) <input type="checkbox"/> | NA                          |       |                    | 6.3b                              | <input type="checkbox"/>                   |
| 6.4                                                                                                        | Other off-site location (Enter block number from Part II, Section 2.) <input type="checkbox"/> | NA                          |       |                    | 6.4b                              | <input type="checkbox"/>                   |
| <input type="checkbox"/> (Check if additional information is provided on Part IV-Supplemental Information) |                                                                                                |                             |       |                    |                                   |                                            |

| 7. WASTE TREATMENT METHODS AND EFFICIENCY                                                                   |                                     |                                |                                |                                                 |                                                |                                  |                                    |                                     |  |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------|--------------------------------|-------------------------------------------------|------------------------------------------------|----------------------------------|------------------------------------|-------------------------------------|--|
| A. General Wast stream (enter code)                                                                         | B. Treatment Method (enter code)    |                                |                                | C. Range of Influent Concentration (enter code) | D. Sequential Treatment? (check if applicable) | E. Treatment Efficiency Estimate | F. Based on Operating Data? Yes No |                                     |  |
| 7.1a <input type="text" value="W"/>                                                                         | 7.1b <input type="text" value="P"/> | <input type="text" value="4"/> | <input type="text" value="2"/> | 7.1c <input type="text" value="4"/>             | 7.1d <input type="checkbox"/>                  | 7.1e 99.5 %                      | 7.1f <input type="checkbox"/>      | <input checked="" type="checkbox"/> |  |
| 7.2a <input type="text" value="A"/>                                                                         | 7.2b <input type="text" value="F"/> | <input type="text" value="7"/> | <input type="text" value="1"/> | 7.2c <input type="text" value="4"/>             | 7.2d <input type="checkbox"/>                  | 7.2e 99.9 %                      | 7.2f <input type="checkbox"/>      | <input checked="" type="checkbox"/> |  |
| 7.3a <input type="checkbox"/>                                                                               | 7.3b <input type="text"/>           | <input type="text"/>           | <input type="text"/>           | 7.3c <input type="checkbox"/>                   | 7.3d <input type="checkbox"/>                  | 7.3e %                           | 7.3f <input type="checkbox"/>      | <input type="checkbox"/>            |  |
| 7.4a <input type="checkbox"/>                                                                               | 7.4b <input type="text"/>           | <input type="text"/>           | <input type="text"/>           | 7.4c <input type="checkbox"/>                   | 7.4d <input type="checkbox"/>                  | 7.4e %                           | 7.4f <input type="checkbox"/>      | <input type="checkbox"/>            |  |
| 7.5a <input type="checkbox"/>                                                                               | 7.5b <input type="text"/>           | <input type="text"/>           | <input type="text"/>           | 7.5c <input type="checkbox"/>                   | 7.5d <input type="checkbox"/>                  | 7.5e %                           | 7.5f <input type="checkbox"/>      | <input type="checkbox"/>            |  |
| 7.6a <input type="checkbox"/>                                                                               | 7.6b <input type="text"/>           | <input type="text"/>           | <input type="text"/>           | 7.6c <input type="checkbox"/>                   | 7.6d <input type="checkbox"/>                  | 7.6e %                           | 7.6f <input type="checkbox"/>      | <input type="checkbox"/>            |  |
| 7.7a <input type="checkbox"/>                                                                               | 7.7b <input type="text"/>           | <input type="text"/>           | <input type="text"/>           | 7.7c <input type="checkbox"/>                   | 7.7d <input type="checkbox"/>                  | 7.7e %                           | 7.7f <input type="checkbox"/>      | <input type="checkbox"/>            |  |
| 7.8a <input type="checkbox"/>                                                                               | 7.8b <input type="text"/>           | <input type="text"/>           | <input type="text"/>           | 7.8c <input type="checkbox"/>                   | 7.8d <input type="checkbox"/>                  | 7.8e %                           | 7.8f <input type="checkbox"/>      | <input type="checkbox"/>            |  |
| 7.9a <input type="checkbox"/>                                                                               | 7.9b <input type="text"/>           | <input type="text"/>           | <input type="text"/>           | 7.9c <input type="checkbox"/>                   | 7.9d <input type="checkbox"/>                  | 7.9e %                           | 7.9f <input type="checkbox"/>      | <input type="checkbox"/>            |  |
| 7.10a <input type="checkbox"/>                                                                              | 7.10b <input type="text"/>          | <input type="text"/>           | <input type="text"/>           | 7.10c <input type="checkbox"/>                  | 7.10d <input type="checkbox"/>                 | 7.10e %                          | 7.10f <input type="checkbox"/>     | <input type="checkbox"/>            |  |
| 7.11a <input type="checkbox"/>                                                                              | 7.11b <input type="text"/>          | <input type="text"/>           | <input type="text"/>           | 7.11c <input type="checkbox"/>                  | 7.11d <input type="checkbox"/>                 | 7.11e %                          | 7.11f <input type="checkbox"/>     | <input type="checkbox"/>            |  |
| 7.12a <input type="checkbox"/>                                                                              | 7.12b <input type="text"/>          | <input type="text"/>           | <input type="text"/>           | 7.12c <input type="checkbox"/>                  | 7.12d <input type="checkbox"/>                 | 7.12e %                          | 7.12f <input type="checkbox"/>     | <input type="checkbox"/>            |  |
| 7.13a <input type="checkbox"/>                                                                              | 7.13b <input type="text"/>          | <input type="text"/>           | <input type="text"/>           | 7.13c <input type="checkbox"/>                  | 7.13d <input type="checkbox"/>                 | 7.13e %                          | 7.13f <input type="checkbox"/>     | <input type="checkbox"/>            |  |
| 7.14a <input type="checkbox"/>                                                                              | 7.14b <input type="text"/>          | <input type="text"/>           | <input type="text"/>           | 7.14c <input type="checkbox"/>                  | 7.14d <input type="checkbox"/>                 | 7.14e %                          | 7.14f <input type="checkbox"/>     | <input type="checkbox"/>            |  |
| <input type="checkbox"/> (Check if additional information is provided on Part IV-Supplemental Information.) |                                     |                                |                                |                                                 |                                                |                                  |                                    |                                     |  |

| 8. OPTIONAL INFORMATION ON WASTE MINIMIZATION                                                                                                                                           |                                                                            |                      |                      |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------|----------------------|-----------------------------------|
| (Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.) |                                                                            |                      |                      |                                   |
| A. Type of modification (enter code)                                                                                                                                                    | B. Quantity of the chemical in the wastestream prior to treatment/disposal |                      | C. Index             | D. Reason for action (enter code) |
| NA                                                                                                                                                                                      | Current reporting year (lbs/yr)                                            | Prior year (lbs/yr)  | Or percent change    | SL 022706                         |
| <input type="text"/>                                                                                                                                                                    | <input type="text"/>                                                       | <input type="text"/> | <input type="text"/> | <input type="text"/>              |

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## PART IV. SUPPLEMENTAL INFORMATION

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

(This space for EPA use only.)

## ADDITIONAL INFORMATION ON FACILITY IDENTIFICATION (Part I - Section 3)

|      |                                              |    |  |
|------|----------------------------------------------|----|--|
| 3.5  | SIC Code                                     | NA |  |
| 3.7  | Dun & Bradstreet Number(s)                   |    |  |
| 3.8  | EPA Identification Number(s) RCRA I.D. No.)  |    |  |
| 3.9  | NPDES Permit Number(s)                       |    |  |
| 3.10 | Name of Receiving Stream(s) or Water Body(s) |    |  |

## ADDITIONAL INFORMATION ON RELEASES TO LAND (Part III - Section 5.5)

| Releases to Land                                                                | A. Total Release (lbs/yr)               |                    |  | B. Basis of Estimate (enter code) |
|---------------------------------------------------------------------------------|-----------------------------------------|--------------------|--|-----------------------------------|
|                                                                                 | A.1 Reporting Ranges<br>0 1-499 500-999 | A.2 Enter Estimate |  |                                   |
| 5.5 <input type="text"/> <input type="text"/> <input type="text"/> (enter code) | 5.5 a NA                                |                    |  | 5.5 b <input type="checkbox"/>    |
| <input type="text"/> <input type="text"/> <input type="text"/> (enter code)     | 5.5 a NA                                |                    |  | 5.5 b <input type="checkbox"/>    |
| 5.5 <input type="text"/> <input type="text"/> <input type="text"/> (enter code) | 5.5 a NA                                |                    |  | 5.5 b <input type="checkbox"/>    |

## ADDITIONAL INFORMATION ON OFF-SITE TRANSFER (Part III - Section 6)

|                                                                                                   | A. Total Transfers (lbs/yr)             |                    |  | B. Basis of Estimate (enter code) | C. Type of Treatment/ Disposal (enter code)                          |
|---------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------|--|-----------------------------------|----------------------------------------------------------------------|
|                                                                                                   | A.1 Reporting Ranges<br>0 1-499 500-999 | A.2 Enter Estimate |  |                                   |                                                                      |
| 6. Discharge to POTW                                                                              | 6. a NA                                 |                    |  | 6. b <input type="checkbox"/>     |                                                                      |
| 6. Other off-site location (Enter block number from Part II, Section 2.) <input type="checkbox"/> | 6. a NA                                 |                    |  | 6. b <input type="checkbox"/>     | 6. c. <input type="text"/> <input type="text"/> <input type="text"/> |
| 6. Other off-site location (Enter block number from Part II, Section 2.) <input type="checkbox"/> | 6. a NA                                 |                    |  | 6. b <input type="checkbox"/>     | 6. c. <input type="text"/> <input type="text"/> <input type="text"/> |

## ADDITIONAL INFORMATION ON WASTE TREATMENT (Part III - Section 7)

| A. General Wastestream (enter code)             | B. Treatment Method (enter code)                                    | C. Range of Influent Concentration (enter code) | D. Sequential Treatment? (check if applicable) | E. Treatment Efficiency Estimate | F. Based on Operating Data? Yes No                     |
|-------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------|----------------------------------|--------------------------------------------------------|
| 7. NA <input type="checkbox"/>                  | 7. b <input type="text"/> <input type="text"/> <input type="text"/> | 7. c <input type="checkbox"/>                   | 7. d <input type="checkbox"/>                  | 7. e %                           | 7. f <input type="checkbox"/> <input type="checkbox"/> |
| 7. a <input type="checkbox"/>                   | 7. b <input type="text"/> <input type="text"/> <input type="text"/> | 7. c <input type="checkbox"/>                   | 7. d <input type="checkbox"/>                  | 7. e %                           | 7. f <input type="checkbox"/> <input type="checkbox"/> |
| <input type="text"/> a <input type="checkbox"/> | 7. b <input type="text"/> <input type="text"/> <input type="text"/> | 7. c <input type="checkbox"/>                   | 7. d <input type="checkbox"/>                  | 7. e %                           | 7. f <input type="checkbox"/> <input type="checkbox"/> |
| 7. a <input type="checkbox"/>                   | 7. b <input type="text"/> <input type="text"/> <input type="text"/> | 7. c <input type="checkbox"/>                   | 7. d <input type="checkbox"/>                  | 7. e %                           | 7. f <input type="checkbox"/> <input type="checkbox"/> |
| 7. a <input type="checkbox"/>                   | 7. b <input type="text"/> <input type="text"/> <input type="text"/> | 7. c <input type="checkbox"/>                   | 7. d <input type="checkbox"/>                  | 7. e %                           | 7. f <input type="checkbox"/> <input type="checkbox"/> |