

Facility Identification...

Name DOW CHEMICAL - YOUNGSVILLE PUMP STATION
Street LA. HIGHWAY 1, P. O. BOX 150
Mail LA. HIGHWAY 1, P.O. BOX 150
PLAQUEMINE LA 70765-
City PLAQUEMINE State LA Zip 70765-0150
Parish/County LAFAYETTE
SIC Code 2869 Dun & Brad Number 001381581
Official Use...
ID Number 012414

Owner / Operator Name...

Name THE DOW CHEMICAL CO., LOUISIANA DIVISION
Phone (504)353-8888
Address P.O. BOX 150
PLAQUEMINE, LA 70765-150

Emergency Contacts...

Name CHARLES ALMOND Title FACILITY COORDINATOR
Phone (504)353-8392 24Hr Phone (504)353-8888
Name DOYLE A. HANEY Title ENVIRONMENTAL MAN.
Phone (504)353-6128 24Hr Phone (504)353-8888

Date Received _____

Reporting Period: Jan. 1 to Dec. 31, 1995 Check if information below is identical to the information submitted last year:

Chemical Description	Physical and Health Hazards	Inventory
CAS _____ Trade Secret <u>NO</u> Chem. Name <u>AMBITROL WTF-50</u> _____ _____ State Code _____ Y _____ Pure Mix Solid Liquid Gas EHS EHS Name _____ Storage Code _____ Location (NON-CONFIDENTIAL) <u>D14</u> <u>YOUNGSVILLE PUMP STATION</u> OPTIONAL: _____	☐ Fire ☐ Sudden Pressure Release ☐ Reactivity ☐ Immediate (Acute) ☐ Delayed (Chronic)	Max. Daily Amt. Code <u>02</u> Avg. Daily Amt. Code <u>02</u> # of Days On-Site <u>365</u>

CAS <u>68334305</u> Trade Secret <u>NO</u> Chem. Name <u>DIESEL FUEL NO. 2</u> _____ _____ State Code <u>01908</u> Y _____ Pure Mix Solid Liquid Gas EHS EHS Name _____ Storage Code _____ Location (NON-CONFIDENTIAL) <u>A14</u> <u>YOUNGSVILLE PUMP STATION</u> OPTIONAL: _____	☐ Fire ☐ Sudden Pressure Release ☐ Reactivity ☐ Immediate (Acute) ☐ Delayed (Chronic)	Max. Daily Amt. Code <u>03</u> Avg. Daily Amt. Code <u>03</u> # of Days On-Site <u>365</u>
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CAS <u>8006619</u> Trade Secret <u>NO</u> Chem. Name <u>GASOLINE-SUPER UNLEADED</u> _____ _____ State Code <u>2464</u> Y _____ Pure Mix Solid Liquid Gas EHS EHS Name _____ Storage Code _____ Location (NON-CONFIDENTIAL) <u>A14</u> <u>YOUNGSVILLE PUMP STATION</u> OPTIONAL: _____	☐ Fire ☐ Sudden Pressure Release ☐ Reactivity ☐ Immediate (Acute) ☐ Delayed (Chronic)	Max. Daily Amt. Code <u>03</u> Avg. Daily Amt. Code <u>03</u> # of Days On-Site <u>365</u>
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Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

DOYLE A. HANEY, ENVIRONMENTAL MAN.
Name and official title of owner/operator OR
owner/operator's authorized representative

Signature

Date signed

- ☐ Site Plan Attached
- ☐ Site Coordinates Attached
- ☐ Dikes & Safeguards

DO A 058540
CONFIDENTIAL

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PLAQUEMINE, LA 70765-150

Emergency Contacts...

Name	<u>CHARLES ALMOND</u>	Title	<u>FACILITY COORDINATOR</u>
Phone	<u>(504)353-8392</u>	24Hr Phone	<u>(504)353-8888</u>
Name	<u>DOYLE A. HANEY</u>	Title	<u>ENVIRONMENTAL MAN.</u>
Phone	<u>(504)353-6128</u>	24Hr Phone	<u>(504)353-8888</u>

Date Received _____

Reporting Period: Jan. 1 to Dec. 31, 1995Check if information below is identical to the information submitted last year:

Chemical Description	Physical and Health Hazards	Inventory
CAS _____ Trade Secret <u>NO</u>	<u>Y</u> Fire	Max. Daily Amt. Code <u>02</u>
Chem. Name <u>TERRESTIC 32</u>	- Sudden Pressure Release	Avg. Daily Amt. Code <u>02</u>
_____	- Reactivity	# of Days On-Site <u>365</u>
_____	- Immediate (Acute)	
State Code _____	- Delayed (Chronic)	
<u>Y</u> Pure <u>Y</u> Mix <u> </u> Solid <u> </u> Liquid <u> </u> Gas <u> </u> EHS		
EHS Name _____		
Storage Code <u>F14</u> Location (NON-CONFIDENTIAL) <u>YOUNGSVILLE PUMP STATION</u>		
OPTIONAL: _____		

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

DOYLE A. HANEY, ENVIRONMENTAL MAN.
Name and official title of owner/operator OR
owner/operator's authorized representative

Signature

Date signed

- Site Plan Attached
- Site Coordinates Attached
- Dikes & Safeguards

DO A 058541
CONFIDENTIAL