EPA

United States Environmental Protection Agency

FORM R

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
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
VINYL CHLORIDE

WHERE TO SEND COMPLETED FORMS:

1. EPCRA Reporting Center
P.O. BOX 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR

1993

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 3 trade secret?

[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 If yes in 2.1, is this copy: [ ] Sanitized [ ] 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:
CHRIS W. TURNER, PLANT MANAGER

Signature: Chris W. Turner

Date Signed: 06/24/94

SECTION 4. FACILITY IDENTIFICATION

4.1

Facility or Establishment Name: VISTA CHEMICAL COMPANY

TRI Facility ID Number: 39730VSTPLPOBOX

Street Address: NEW HIGHWAY 25 SOUTH

City: ABERDEEN

County: MONROE

State: MS

Zip Code: 39730-0091

Mailing Address (if different from street address): P.O. BOX 91

City: ABERDEEN

State: MS

Zip Code: 39730-0091

PUT LABEL HERE

VAB.0001151378

EPA
United States Environmental Protection Agency

EPA FORM R
PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
VINYL CHLORIDE

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check only one)	a. [X] An entire facility	b. [ ] Part of a facility
4.3	Technical Contact	Name: KENNETH G. AKINS	Telephone Number (include area code): (601) 369-3637
4.4	Public Contact	Name: JOE E. BEALL	Telephone Number (include area code): (601) 369-3605

4.5 SIC Code (4-digit)	a. 2821	b. 2869	c. NA	d. 1152	e. NA	f. MSDO

4.6 Latitude and Longitude	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
	033	48	49	088	33	34

4.7	Dun & Bradstreet Number(s) (9 digits)	a. NA
		b. MS0001970
4.8	EPA Identification Number(s) (RCRA I.D.No.) (12 characters)	a. NA
		b. 2821
4.9	Facility NPDES Permit Number(s) (9 characters)	a. 2869
		b. NA
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	a. NA
		b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company [X] NA	NA
5.2	Parent Company's Dun & Bradstreet Number [X] NA	(9 digits) NA

VAB.0001151379

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
VINYL CHLORIDE

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.)
	000075-01-4
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	VINYL CHLORIDE
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)
	NA

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.)
	NA

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

3.1	Manufacture the toxic chemical:	a. ☐ Produce b. ☐ Import	If produce or import: c. ☐ For on-site use/processing d. ☐ For sale/distribution e. ☐ As a byproduct f. ☐ As an impurity
3.2	Process the toxic chemical:	a. ☒ As a reactant b. ☐ As a formulation component	c. ☐ As an article component d. ☐ Repackaging
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 ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	07	(Enter two-digit code from instruction package.)

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
VINYL CHLORIDE

SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A. Total Release (lbs/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	☐ NA	3135	E	
5.2	Stack or point air emissions	☐ NA	39509	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1	Stream or Water Body Name JAMES CREEK		31	M	NA . %
5.3.2	Stream or Water Body Name NA				. %
5.3.3	Stream or Water Body Name				. %
5.4	Underground injections on-site	☒ NA	NA		
5.5	Releases to land on-site				
5.5.1	Landfill	☒ NA	NA		
5.5.2	Land treatment/ application farming	☒ NA	NA		
5.5.3	Surface impoundment	☒ NA	NA		
5.5.4	Other disposal	☒ NA	NA		

☐ Check here only if additional Section 5.3 information is provided on page 5 of this form.

A1001151381

Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds;

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
VINYL CHLORIDE

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
5.3.4 Stream or Water Body Name			
			. %
5.3.5 Stream or Water Body Name			
			. %
5.3.6 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)
NA	

6.1.B POTW Name and Location Information

6.1.B.01 POTW Name		6.1.B.02 POTW Name	
Street Address		Street Address	
City	County	City	County
State	Zip Code	State	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. [1]
(example: 1, 2, 3, etc.)

VAB.0001151382

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

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
VINYL CHLORIDE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.01 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? ☐ Yes ☐ 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.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.02 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? ☐ Yes ☐ 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.
2.	2.	2.
3.	3.	3.
4.	4.	4.

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.)

Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds;

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
VINYL CHLORIDE

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

☐ **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. 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.01a	7A.01b: 1 P41, 2 B11, 3 B21, 4 NA, 5, 6, 7, 8	7A.01c	7A.01d	7A.01e
W		4	80.10 %	Yes [x] No [ ]
7A.02a	7A.02b: 1 F99, 2 NA, 3, 4, 5, 6, 7, 8	7A.02c	7A.02d	7A.02e
A		1	99.99 %	Yes [x] No [ ]
7A.03a	7A.03b: 1, 2, 3, 4, 5, 6, 7, 8	7A.03c	7A.03d	7A.03e
			0.00 %	Yes [ ] No [ ]
7A.04a	7A.04b: 1, 2, 3, 4, 5, 6, 7, 8	7A.04c	7A.04d	7A.04e
			0.00 %	Yes [ ] No [ ]
7A.05a	7A.05b: 1, 2, 3, 4, 5, 6, 7, 8	7A.05c	7A.05d	7A.05e
			0.00 %	Yes [ ] No [ ]

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

VAB.0001151384

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
VINYL CHLORIDE

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
NA			

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ **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
NA				

6	7	8	9	10

VAB.0001151385

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
VINYL CHLORIDE

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	All quantity estimates can be reported using up to two significant figures.	Column A 1992 (pounds/year)	Column B 1993 (pounds/year)	Column C 1994 (pounds/year)	Column D 1995 (pounds/year)
8.1	Quantity released *	30102	42675	40000	40000
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	0	0	0	0
8.7	Quantity treated off-site	65	0	0	0
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)				0
8.9	Production ratio or activity index				1.03

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			
8.10.2				
8.10.3				
8.10.4				

		YES	NO
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)	☐	☒

* 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.

VAB.0001191386

A

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

Form Approved OMB Number: 2070-0093
Approval Expires: 11/92

EPA FORM R

United States Environmental Protection Agency

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
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
CHLORINE

WHERE TO SEND COMPLETED FORMS:

1. EPCRA Reporting Center
P.O. BOX 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR

1993

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 3 trade secret?

[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 If yes in 2.1, is this copy: [ ] Sanitized [ ] 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:
CHRIS W. TURNER, PLANT MANAGER

Signature: Chris W. Turner

Date Signed: 06/24/94

SECTION 4. FACILITY IDENTIFICATION

4.1

Facility or Establishment Name: VISTA CHEMICAL COMPANY

TRI Facility ID Number: 39730VSTPLPOBOX

Street Address: NEW HIGHWAY 25 SOUTH

City: ABERDEEN

County: MONROE

State: MS

Zip Code: 39730-0091

Mailing Address (if different from street address): P.O. BOX 91

City: ABERDEEN

State: MS

Zip Code: 39730-0091

PUT LABEL HERE

VAB.0001151387

EPA
United States Environmental Protection Agency

EPA FORM R
PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
CHLORINE

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check only one)	a. [X] An entire facility	b. [ ] Part of a facility				
4.3	Technical Contact	Name: KENNETH G. AKINS				Telephone Number (include area code): (601) 369-3637	
4.4	Public Contact	Name: JOE E. BEALL				Telephone Number (include area code): (601) 369-3605	
4.5	SIC Code (4-digit)	a. 2821	b. 2869	c. NA	d.	e.	f.
4.6	Latitude and Longitude	Latitude: Degrees: 033	Minutes: 48	Seconds: 49	Longitude: Degrees: 088	Minutes: 33	Seconds: 34

4.7	Dun & Bradstreet Number(s) (9 digits)	a. 115270654
		b. NA
4.8	EPA Identification Number(s) (RCRA I.D.No.) (12 characters)	a. MSD007031230
		b. NA
4.9	Facility NPDES Permit Number(s) (9 characters)	a. MS0001970
		b. NA
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	a. NA
		b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company: [X] NA	NA
5.2	Parent Company's Dun & Bradstreet Number: [X] NA	(9 digits) NA

VAB.0001151388

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
CHLORINE

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.)
	007782-50-5
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	CHLORINE
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)
	NA

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.)
	NA

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

3.1	Manufacture the toxic chemical:	a. ☐ Produce b. ☐ Import	If produce or import: c. ☐ For on-site use/processing d. ☐ For sale/distribution e. ☐ As a byproduct f. ☐ As an impurity
3.2	Process the toxic chemical:	a. ☐ As a reactant b. ☐ As a formulation component	c. ☐ As an article component d. ☐ Repackaging
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 ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

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

VAB.0001151389

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
CHLORINE

SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A. Total Release (lbs/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	☐ NA	2705	O	
5.2	Stack or point air emissions	☒ NA	NA		
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1	Stream or Water Body Name JAMES CREEK		31	M	NA . %
5.3.2	Stream or Water Body Name NA				. %
5.3.3	Stream or Water Body Name				. %
5.4	Underground injections on-site	☒ NA	NA		
5.5	Releases to land on-site				
5.5.1	Landfill	☒ NA	NA		
5.5.2	Land treatment/ application farming	☒ NA	NA		
5.5.3	Surface impoundment	☒ NA	NA		
5.5.4	Other disposal	☒ NA	NA		

☐ Check here only if additional Section 5.3 information is provided on page 5 of this form.

VAB.0001131390

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

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
CHLORINE

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
5.3.4 Stream or Water Body Name			
			. %
5.3.5 Stream or Water Body Name			
			. %
5.3.6 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)
NA	

6.1.B POTW Name and Location Information

6.1.B.01 POTW Name		6.1.B.02 POTW Name	
Street Address		Street Address	
City	County	City	County
State	Zip Code	State	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. 1
(example: 1, 2, 3, etc.)

VAB.0001151391

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

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
CHLORINE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.01 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? ☐ Yes ☐ 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.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.02 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? ☐ Yes ☐ 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.
2.	2.	2.
3.	3.	3.
4.	4.	4.

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.)

VAB.000151392

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

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
CHLORINE

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

☐ 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. 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.01a	7A.01b: 1 P41, 2 B11, 3 B21, 4 B31, 5 NA, 6, 7, 8	7A.01c	7A.01d	7A.01e
W		3	99.99 %	Yes [x] No [ ]
7A.02a	7A.02b: 1, 2, 3, 4, 5, 6, 7, 8	7A.02c	7A.02d	7A.02e
NA			0.00 %	Yes [ ] No [ ]
7A.03a	7A.03b: 1, 2, 3, 4, 5, 6, 7, 8	7A.03c	7A.03d	7A.03e
			0.00 %	Yes [ ] No [ ]
7A.04a	7A.04b: 1, 2, 3, 4, 5, 6, 7, 8	7A.04c	7A.04d	7A.04e
			0.00 %	Yes [ ] No [ ]
7A.05a	7A.05b: 1, 2, 3, 4, 5, 6, 7, 8	7A.05c	7A.05d	7A.05e
			0.00 %	Yes [ ] No [ ]

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

VAB.0001151393

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
CHLORINE

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	4
NA			

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
NA				

6	7	8	9	10

VAB.0001151394

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
CHLORINE

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	All quantity estimates can be reported using up to two significant figures.	Column A 1992 (pounds/year)	Column B 1993 (pounds/year)	Column C 1994 (pounds/year)	Column D 1995 (pounds/year)
8.1	Quantity released *	1175	2736	3800	3800
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	0	0	0	0
8.7	Quantity treated off-site	0	0	0	0
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)				0
8.9	Production ratio or activity index				1.02

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			
8.10.2				
8.10.3				
8.10.4				

		YES	NO
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)	☐	☒

* 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.

VAB.000115595

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

Form Approved OMB Number: 2070-0093
Approval Expires: 11/92

EPA FORM R

United States Environmental Protection Agency

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
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
LEAD COMPOUNDS

WHERE TO SEND COMPLETED FORMS:

1. EPCRA Reporting Center
P.O. BOX 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR

1993

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 3 trade secret?

[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 If yes in 2.1, is this copy: [ ] Sanitized [ ] 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:
CHRIS W. TURNER, PLANT MANAGER

Signature: Chris W. Turner

Date Signed: 06/24/94

SECTION 4. FACILITY IDENTIFICATION

4.1

Facility or Establishment Name: VISTA CHEMICAL COMPANY

TRI Facility ID Number: 39730VSTPLPOBOX

Street Address: NEW HIGHWAY 25 SOUTH

City: ABERDEEN

County: MONROE

State: MS

Zip Code: 39730-0091

Mailing Address (if different from street address): P.O. BOX 91

City: ABERDEEN

State: MS

Zip Code: 39730-0091

PUT LABEL HERE

VAB.0001151396

EPA

United States Environmental Protection Agency

EPA FORM R

PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
LEAD COMPOUNDS

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check only one)	a. [X] An entire facility	b. [ ] Part of a facility				
4.3	Technical Contact	Name: KENNETH G. AKINS				Telephone Number (include area code): (601) 369-3637	
4.4	Public Contact	Name: JOE E. BEALL				Telephone Number (include area code): (601) 369-3605	
4.5	SIC Code (4-digit)	a. 2821	b. 2869	c. NA	d. 1152	e. NA	f. MSDO
4.6	Latitude and Longitude	Latitude: Degrees 033	Minutes 48	Seconds 49	Longitude: Degrees 088	Minutes 33	Seconds 34

4.7	Dun & Bradstreet Number(s) (9 digits)	a. NA b. MS0001970
4.8	EPA Identification Number(s) (RCRA I.D.No.) (12 characters)	a. NA b. 2821
4.9	Facility NPDES Permit Number(s) (9 characters)	a. 2869 b. NA
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	a. NA b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company: [X] NA	NA
5.2	Parent Company's Dun & Bradstreet Number: [X] NA	(9 digits) NA

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
LEAD 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.)
	M420 - -
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	LEAD COMPOUNDS
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)
	NA

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.)
	NA

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

3.1	Manufacture the toxic chemical:	a. ☐ Produce b. ☐ Import	If produce or import: c. ☐ For on-site use/processing d. ☐ For sale/distribution e. ☐ As a byproduct f. ☐ As an impurity
3.2	Process the toxic chemical:	a. ☐ As a reactant b. ☒ As a formulation component	c. ☐ As an article component d. ☐ Repackaging
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 ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	05	(Enter two-digit code from instruction package.)

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
LEAD COMPOUNDS

SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A. Total Release (lbs/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	[X] NA	NA		
5.2	Stack or point air emissions	[ ] NA	A	E	
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	[X] NA	NA		
5.5	Releases to land on-site				
5.5.1	Landfill	[X] NA	NA		
5.5.2	Land treatment/ application farming	[X] NA	NA		
5.5.3	Surface impoundment	[X] NA	NA		
5.5.4	Other disposal	[X] NA	NA		

[ ] Check here only if additional Section 5.3 information is provided on page 5 of this form.

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
LEAD COMPOUNDS

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
5.3.4 Stream or Water Body Name			
			. %
5.3.5 Stream or Water Body Name			
			. %
5.3.6 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)
NA	

6.1.B POTW Name and Location Information

6.1.B.01 POTW Name		6.1.B.02 POTW Name	
Street Address		Street Address	
City	County	City	County
State	Zip Code	State	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. 1
(example: 1, 2, 3, etc.) VAB.0001151400

Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds;

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
LEAD COMPOUNDS

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.01 Off-site EPA Identification Number (RCRA ID No.): ALD000622464

Off-Site Location Name: CHEMICAL WASTE MANAGEMENT, INC .

Street Address: P.O. BOX 55

City: EMELLE | County: SUMTER

State: AL | Zip Code: 35459 | Is location under control of reporting facility or parent company? ☐ Yes ☒ 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. 2581	1. 0	1. M40
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.02 Off-site EPA Identification Number (RCRA ID No.): TND982141392

Off-Site Location Name: LAIDLAW ENVIRONMENTAL SERVICES OF CHATTANOOGA, INC.

Street Address: 3300 CUMMINGS ROAD

City: CHATTANOOGA | County: HAMILTON

State: TN | Zip Code: 37419 | Is location under control of reporting facility or parent company? ☐ Yes ☒ 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. 4	1. 0	1. M40
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

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.)

VAB0001151401

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

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
LEAD COMPOUNDS

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

☐ **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. 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.01a	7A.01b	1	P11	2	NA				7A.01c	7A.01d	7A.01e
W		3		4		5			4	100.00 %	Yes ☐ No x
		6		7		8					
7A.02a	7A.02b	1	P12	2	NA				7A.02c	7A.02d	7A.02e
A		3		4		5			2	99.99 %	Yes ☐ No x
		6		7		8					
7A.03a	7A.03b	1		2					7A.03c	7A.03d	7A.03e
		3		4		5				0.00 %	Yes ☐ No ☐
		6		7		8					
7A.04a	7A.04b	1		2					7A.04c	7A.04d	7A.04e
		3		4		5				0.00 %	Yes ☐ No ☐
		6		7		8					
7A.05a	7A.05b	1		2					7A.05c	7A.05d	7A.05e
		3		4		5				0.00 %	Yes ☐ No ☐
		6		7		8					

If additional copies of page 7 are attached, indicate the total number of pages in this box ☐ and indicate which page 7 this is, here. 1 (example: 1, 2, 3, etc.) VAB.0001151402

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39750VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
LEAD COMPOUNDS

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 NA | 2 | 3 | 4

SECTION 7C. ON-SITE RECYCLING PROCESSES

[*] **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 NA | 2 | 3 | 4 | 5

6 | 7 | 8 | 9 | 10

VAB.0001151403

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
LEAD COMPOUNDS

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	All quantity estimates can be reported using up to two significant figures.	Column A 1992 (pounds/year)	Column B 1993 (pounds/year)	Column C 1994 (pounds/year)	Column D 1995 (pounds/year)
8.1	Quantity released *	7	7	10	10
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	0	0	0	0
8.7	Quantity treated off-site	2390	2585	2500	2500
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)				0
8.9	Production ratio or activity index				1.14

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			
8.10.2				
8.10.3				
8.10.4				

		YES	NO
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)	☐	☒

* 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.

A

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

Form Approved OMB Number: 2070-0093
Approval Expires: 11/92

EPA FORM R

United States Environmental Protection Agency

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
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
HYDROCHLORIC ACID

WHERE TO SEND COMPLETED FORMS:

1. EPCRA Reporting Center
P.O. BOX 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See Instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR

1993

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 3 trade secret?

[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 If yes in 2.1, is this copy: [ ] Sanitized [ ] 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

CHRIS W. TURNER, PLANT MANAGER

Signature: Chris W. Turner

Date Signed: 06/24/94

SECTION 4. FACILITY IDENTIFICATION

4.1

Facility or Establishment Name: VISTA CHEMICAL COMPANY

TRI Facility ID Number: 39730VSTPLPOBOX

Street Address: NEW HIGHWAY 25 SOUTH

City: ABERDEEN

County: MONROE

State: MS

Zip Code: 39730-0091

Mailing Address (if different from street address): P.O. BOX 91

City: ABERDEEN

State: MS

Zip Code: 39730-0091

PUT LABEL HERE

VAB.0001151405

EPA
United States Environmental Protection Agency

EPA FORM R
PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
HYDROCHLORIC ACID

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check only one)	a. [X] An entire facility	b. [ ] Part of a facility				
4.3	Technical Contact	Name: KENNETH G. AKINS				Telephone Number (include area code): (601) 369-3637	
4.4	Public Contact	Name: JOE E. BEALL				Telephone Number (include area code): (601) 369-3605	
4.5	SIC Code (4-digit)	a. 2821	b. 2869	c. NA	d. 1152	e. NA	f. MSDO
4.6	Latitude and Longitude	Latitude: Degrees 033	Minutes 48	Seconds 49	Longitude: Degrees 088	Minutes 33	Seconds 34

4.7	Dun & Bradstreet Number(s) (9 digits)	a. NA b. MS0001970
4.8	EPA Identification Number(s) (RCRA I.D.No.) (12 characters)	a. NA b. 2821
4.9	Facility NPDES Permit Number(s) (9 characters)	a. 2869 b. NA
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	a. NA b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company: [X] NA	NA
5.2	Parent Company's Dun & Bradstreet Number: [X] NA	(9 digits) NA

VAB.0001151406

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
HYDROCHLORIC ACID

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.)
	007647-01-0
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	HYDROCHLORIC ACID
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)
	NA

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.)
	NA

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. [X] As a byproduct f. [ ] As an impurity
3.2	Process the toxic chemical:	a. [ ] As a reactant b. [ ] As a formulation component	c. [ ] As an article component d. [ ] Repackaging
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 ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

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

VAB.000115140?

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
HYDROCHLORIC ACID

SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A. Total Release (lbs/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	[X] NA	NA		
5.2	Stack or point air emissions	[ ] NA	304	E	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1	Stream or Water Body Name JAMES CREEK		0	M	NA . %
5.3.2	Stream or Water Body Name NA				. %
5.3.3	Stream or Water Body Name				. %
5.4	Underground injections on-site	[X] NA	NA		
5.5	Releases to land on-site				
5.5.1	Landfill	[X] NA	NA		
5.5.2	Land treatment/ application farming	[X] NA	NA		
5.5.3	Surface impoundment	[X] NA	NA		
5.5.4	Other disposal	[X] NA	NA		

[ ] Check here only if additional Section 5.3 information is provided on page 5 of this form.

VAB.0001151408

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

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
HYDROCHLORIC ACID

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
5.3.4 Stream or Water Body Name			
			. %
5.3.5 Stream or Water Body Name			
			. %
5.3.6 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)
NA	

6.1.B POTW Name and Location Information

6.1.B.01 POTW Name		6.1.B.02 POTW Name	
Street Address		Street Address	
City	County	City	County
State	Zip Code	State	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. [1]
(example: 1, 2, 3, etc.)

VAB.0001151409

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

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
HYDROCHLORIC ACID

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.01 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? ☐ Yes ☐ 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.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.02 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? ☐ Yes ☐ 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.
2.	2.	2.
3.	3.	3.
4.	4.	4.

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.)

VAE.0001151410

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

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
HYDROCHLORIC ACID

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

☐ **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. 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.01a	7A.01b 1: A03 2: NA 3: 4: 5: 6: 7: 8:	7A.01c	7A.01d	7A.01e
A		1	99.40 %	Yes ☐ No ☒
7A.02a	7A.02b 1: C11 2: NA 3: 4: 5: 6: 7: 8:	7A.02c	7A.02d	7A.02e
W		1	100.00 %	Yes ☒ No ☐
7A.03a	7A.03b 1: 2: 3: 4: 5: 6: 7: 8:	7A.03c	7A.03d	7A.03e
			0.00 %	Yes ☐ No ☐
7A.04a	7A.04b 1: 2: 3: 4: 5: 6: 7: 8:	7A.04c	7A.04d	7A.04e
			0.00 %	Yes ☐ No ☐
7A.05a	7A.05b 1: 2: 3: 4: 5: 6: 7: 8:	7A.05c	7A.05d	7A.05e
			0.00 %	Yes ☐ No ☐

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

VAB.0001151411

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
HYDROCHLORIC ACID

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
NA			

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ **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
NA				
6	**7**	**8**	**9**	**10**

VAB.0001151412

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
HYDROCHLORIC ACID

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	All quantity estimates can be reported using up to two significant figures.	Column A 1992 (pounds/year)	Column B 1993 (pounds/year)	Column C 1994 (pounds/year)	Column D 1995 (pounds/year)
8.1	Quantity released *	304	304	300	300
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	47284	47284	48000	48000
8.7	Quantity treated off-site	0	0	0	0
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)				0
8.9	Production ratio or activity index				1.03

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			
8.10.2				
8.10.3				
8.10.4				

		YES	NO
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)	☐	☒

* 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.

VAB.000191413

A

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

Form Approved OMB Number: 2070-0093
Approval Expires: 11/92

EPA

United States Environmental Protection Agency

FORM R

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
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
BARIUM COMPOUNDS

WHERE TO SEND COMPLETED FORMS:

1. EPCRA Reporting Center
P.O. BOX 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR

1993

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 3 trade secret?

[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 If yes in 2.1, is this copy: [ ] Sanitized [ ] 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:
CHRIS W. TURNER, PLANT MANAGER

Signature: Chris W. Turner

Date Signed: 06/24/94

SECTION 4. FACILITY IDENTIFICATION

4.1

Facility or Establishment Name: VISTA CHEMICAL COMPANY

TRI Facility ID Number: 39730VSTPLPOBOX

Street Address: NEW HIGHWAY 25 SOUTH

City: ABERDEEN

County: MONROE

State: MS

Zip Code: 39730-0091

Mailing Address (if different from street address): P.O. BOX 91

City: ABERDEEN

State: MS

Zip Code: 39730-0091

PUT LABEL HERE

VAB.0001151414

A

EPA
United States Environmental Protection Agency

EPA FORM R
PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
BARIUM COMPOUNDS

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check only one)	a. [X] An entire facility	b. [ ] Part of a facility				
4.3	Technical Contact	Name: KENNETH G. AKINS				Telephone Number (include area code): (601) 369-3637	
4.4	Public Contact	Name: JOE E. BEALL				Telephone Number (include area code): (601) 369-3605	
4.5	SIC Code (4-digit)	a. 2821	b. 2869	c. NA	d. 1152	e. NA	f. MSDO
4.6	Latitude and Longitude	Latitude: Degrees 033	Minutes 48	Seconds 49	Longitude: Degrees 088	Minutes 33	Seconds 34

4.7	Dun & Bradstreet Number(s) (9 digits)	a. NA b. MS0001970
4.8	EPA Identification Number(s) (RCRA I.D.No.) (12 characters)	a. NA b. 2821
4.9	Facility NPDES Permit Number(s) (9 characters)	a. 2869 b. NA
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	a. NA b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company [X] NA	NA
5.2	Parent Company's Dun & Bradstreet Number [X] NA	(9 digits) NA

VAB.0001151415

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
BARIUM 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.)
	N040 - -
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	BARIUM COMPOUNDS
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)
	NA

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.)
	NA

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

3.1	Manufacture the toxic chemical:	a. ☐ Produce b. ☐ Import	If produce or import: c. ☐ For on-site use/processing d. ☐ For sale/distribution e. ☐ As a byproduct f. ☐ As an impurity
3.2	Process the toxic chemical:	a. ☐ As a reactant b. ☒ As a formulation component	c. ☐ As an article component d. ☐ Repackaging
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 ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

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

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
BARIUM COMPOUNDS

SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A. Total Release (lbs/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	[X] NA	NA		
5.2	Stack or point air emissions	[X] NA	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	[X] NA	NA		
5.5	Releases to land on-site				
5.5.1	Landfill	[X] NA	NA		
5.5.2	Land treatment/ application farming	[X] NA	NA		
5.5.3	Surface impoundment	[X] NA	NA		
5.5.4	Other disposal	[X] NA	NA		

[ ] Check here only if additional Section 5.3 information is provided on page 5 of this form.

VAD.000151417

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

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
BARIUM COMPOUNDS

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
5.3.4 Stream or Water Body Name			
			. %
5.3.5 Stream or Water Body Name			
			. %
5.3.6 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)
NA	

6.1.B POTW Name and Location Information

6.1.B.01 POTW Name		6.1.B.02 POTW Name	
Street Address		Street Address	
City	County	City	County
State	Zip Code	State	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. [1] (example: 1, 2, 3, etc.)

VAB.0001151418

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

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
BARIUM COMPOUNDS

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.01 Off-site EPA Identification Number (RCRA ID No.): ALD000622464

Off-Site Location Name: CHEMICAL WASTE MANAGEMENT, INC .

Street Address: P.O. BOX 55

City: EMELLE | County: SUMTER

State: AL | Zip Code: 35459 | Is location under control of reporting facility or parent company? ☐ Yes ☒ 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. 338	1. O	1. M40
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.02 Off-site EPA Identification Number (RCRA ID No.): ALD981020894

Off-Site Location Name: FISHER INDUSTRIAL SERVICE, INC .

Street Address: ROUTE 9, BOX 398-M

City: GADSDEN | County: ETOWAH

State: AL | Zip Code: 35903 | Is location under control of reporting facility or parent company? ☐ Yes ☒ 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. 18	1. O	1. M56
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

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.)

VAB000115419

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

A

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
BARIUM COMPOUNDS

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

☐ **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. 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.01a	7A.01b 1 P19 2 NA 3 4 5 6 7 8	7A.01c	7A.01d	7A.01e
L		3	0.00 %	Yes ☐ No ☒
7A.02a	7A.02b 1 P11 2 NA 3 4 5 6 7 8	7A.02c	7A.02d	7A.02e
W		4	100.00 %	Yes ☐ No ☒
7A.03a	7A.03b 1 2 3 4 5 6 7 8	7A.03c	7A.03d	7A.03e
			0.00 %	Yes ☐ No ☐
7A.04a	7A.04b 1 2 3 4 5 6 7 8	7A.04c	7A.04d	7A.04e
			0.00 %	Yes ☐ No ☐
7A.05a	7A.05b 1 2 3 4 5 6 7 8	7A.05c	7A.05d	7A.05e
			0.00 %	Yes ☐ No ☐

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

VAB.0001151420

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
BARIUM COMPOUNDS

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
NA			

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ **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
NA				

6	7	8	9	10

VAB.0001151421

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
BARIUM COMPOUNDS

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	All quantity estimates can be reported using up to two significant figures.	Column A 1992 (pounds/year)	Column B 1993 (pounds/year)	Column C 1994 (pounds/year)	Column D 1995 (pounds/year)
8.1	Quantity released *	0	0	0	0
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	345	18	50	50
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	0	0	0	0
8.7	Quantity treated off-site	275	338	300	300
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)				0
8.9	Production ratio or activity index				1.14

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			
8.10.2				
8.10.3				
8.10.4				

		YES	NO
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)	☐	☒

* 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.

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

Form Approved OMB Number: 2070-0093
Approval Expires: 11/92

A

EPA FORM R

United States Environmental Protection Agency

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
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
ANTIMONY COMPOUNDS

WHERE TO SEND COMPLETED FORMS:

1. EPCRA Reporting Center
P.O. BOX 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR

1993

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 3 trade secret?

[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 If yes in 2.1, is this copy: [ ] Sanitized [ ] 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:
CHRIS W. TURNER, PLANT MANAGER

Signature: Chris W. Turner

Date Signed: 06/24/94

SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name: VISTA CHEMICAL COMPANY

TRI Facility ID Number: 39730VSTPLPOBOX

Street Address: NEW HIGHWAY 25 SOUTH

City: ABERDEEN

County: MONROE

State: MS

Zip Code: 39730-0091

Mailing Address (if different from street address): P.O. BOX 91

City: ABERDEEN

State: MS

Zip Code: 39730-0091

PUT LABEL HERE

VAB.0001151423

EPA
United States Environmental Protection Agency

EPA FORM R
PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
ANTIMONY COMPOUNDS

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check only one)	a. [X] An entire facility	b. [ ] Part of a facility
4.3	Technical Contact	Name: KENNETH G. AKINS	Telephone Number (include area code): (601) 369-3637
4.4	Public Contact	Name: JOE E. BEALL	Telephone Number (include area code): (601) 369-3605

4.5 SIC Code (4-digit)	a. 2821	b. 2869	c. NA	d. 1152	e. NA	f. MSDO

4.6 Latitude and Longitude	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
	033	48	49	088	33	34

4.7	Dun & Bradstreet Number(s) (9 digits)	a. NA b. MS0001970
4.8	EPA Identification Number(s) (RCRA I.D.No.) (12 characters)	a. NA b. 2821
4.9	Facility NPDES Permit Number(s) (9 characters)	a. 2869 b. NA
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	a. NA b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company: [X] NA	NA
5.2	Parent Company's Dun & Bradstreet Number: [X] NA	(9 digits) NA

VAB.0001151424

EPA

United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
ANTIMONY 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.)
	M010 - -
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	ANTIMONY COMPOUNDS
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)
	NA

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.)
	NA

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

3.1	Manufacture the toxic chemical:	a. ☐ Produce b. ☐ Import	If produce or import: c. ☐ For on-site use/processing d. ☐ For sale/distribution e. ☐ As a byproduct f. ☐ As an impurity
3.2	Process the toxic chemical:	a. ☐ As a reactant b. ☒ As a formulation component	c. ☐ As an article component d. ☐ Repackaging
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 ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

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

VAB.0001151425

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
ANTIMONY COMPOUNDS

SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A. Total Release (lbs/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	X NA	NA		
5.2	Stack or point air emissions	X NA	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	X NA	NA		
5.5	Releases to land on-site				
5.5.1	Landfill	X NA	NA		
5.5.2	Land treatment/ application farming	X NA	NA		
5.5.3	Surface impoundment	X NA	NA		
5.5.4	Other disposal	X NA	NA		

☐ Check here only if additional Section 5.3 information is provided on page 5 of this form.

VAB.0001151426

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

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
ANTIMONY COMPOUNDS

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
5.3.4 Stream or Water Body Name			
			. %
5.3.5 Stream or Water Body Name			
			. %
5.3.6 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)
NA	

6.1.B POTW Name and Location Information

6.1.B.01 POTW Name		6.1.B.02 POTW Name	
Street Address		Street Address	
City	County	City	County
State	Zip Code	State	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. 1 (example: 1, 2, 3, etc.)

VAB.0001151427

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

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

United States Environmental Protection Agency

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
ANTIMONY COMPOUNDS

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.01 Off-site EPA Identification Number (RCRA ID No.): ALD000622464

Off-Site Location Name: CHEMICAL WASTE MANAGEMENT, INC .

Street Address: P.O. BOX 55

City: EMELLE | County: SUMTER

State: AL | Zip Code: 35459 | Is location under control of reporting facility or parent company? ☐ Yes ☒ 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. 2227	1. 0	1. M40
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.02 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? ☐ Yes ☐ 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.
2.	2.	2.
3.	3.	3.
4.	4.	4.

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.)

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

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
ANTIMONY COMPOUNDS

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

☐ **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. 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.01a	7A.01b: 1 P11; 2 NA; 3; 4; 5; 6; 7; 8	7A.01c	7A.01d	7A.01e
W		4	100.00 %	Yes ☐ No ☒
7A.02a	7A.02b: 1; 2; 3; 4; 5; 6; 7; 8	7A.02c	7A.02d	7A.02e
NA			0.00 %	Yes ☐ No ☐
7A.03a	7A.03b: 1; 2; 3; 4; 5; 6; 7; 8	7A.03c	7A.03d	7A.03e
			0.00 %	Yes ☐ No ☐
7A.04a	7A.04b: 1; 2; 3; 4; 5; 6; 7; 8	7A.04c	7A.04d	7A.04e
			0.00 %	Yes ☐ No ☐
7A.05a	7A.05b: 1; 2; 3; 4; 5; 6; 7; 8	7A.05c	7A.05d	7A.05e
			0.00 %	Yes ☐ No ☐

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

VAB.0001151429

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
ANTIMONY COMPOUNDS

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	4
NA			

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
NA				

6	7	8	9	10

VAB.0001151430

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
ANTIMONY COMPOUNDS

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	All quantity estimates can be reported using up to two significant figures.	Column A 1992 (pounds/year)	Column B 1993 (pounds/year)	Column C 1994 (pounds/year)	Column D 1995 (pounds/year)
8.1	Quantity released *	0	0	0	0
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	0	0	0	0
8.7	Quantity treated off-site	2117	2227	2200	2200
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)				0
8.9	Production ratio or activity index				1.14

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			
8.10.2				
8.10.3				
8.10.4				

		YES	NO
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)	☐	☒

* 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.

VAB.0001151431

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

Form Approved OMB Number: 2070-0093
Approval Expires: 11/92

EPA FORM R

United States Environmental Protection Agency

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
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
PHTHALIC ANHYDRIDE

WHERE TO SEND COMPLETED FORMS:

1. EPCRA Reporting Center
P.O. BOX 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR

1993

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 3 trade secret?

[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 If yes in 2.1, is this copy: [ ] Sanitized [ ] 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:
CHRIS W. TURNER, PLANT MANAGER

Signature: Chris W. Turner

Date Signed: 06/24/94

SECTION 4. FACILITY IDENTIFICATION

4.1

Facility or Establishment Name: VISTA CHEMICAL COMPANY

TRI Facility ID Number: 39730VSTPLPOBOX

Street Address: NEW HIGHWAY 25 SOUTH

City: ABERDEEN

County: MONROE

State: MS

Zip Code: 39730-0091

Mailing Address (if different from street address): P.O. BOX 91

City: ABERDEEN

State: MS

Zip Code: 39730-0091

PUT LABEL HERE

VAB.0001151432

EPA
United States Environmental Protection Agency

EPA FORM R
PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
PHTHALIC ANHYDRIDE

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check only one)	a. [X] An entire facility	b. [ ] Part of a facility				
4.3	Technical Contact	Name: KENNETH C. AKINS				Telephone Number (include area code): (601) 369-3637	
4.4	Public Contact	Name: JOE E. BEALL				Telephone Number (include area code): (601) 369-3605	
4.5	SIC Code (4-digit)	a. 2821	b. 2869	c. NA	d. 1152	e. NA	f. MSDO
4.6	Latitude and Longitude	Latitude: Degrees 033	Minutes 48	Seconds 49	Longitude: Degrees 088	Minutes 33	Seconds 34
4.7	Dun & Bradstreet Number(s) (9 digits)	a. NA					
		b. MS0001970					
4.8	EPA Identification Number(s) (RCRA I.D.No.) (12 characters)	a. NA					
		b. 2821					
4.9	Facility NPDES Permit Number(s) (9 characters)	a. 2869					
		b. NA					
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	a. NA					
		b.					

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company: [X] NA	NA
5.2	Parent Company's Dun & Bradstreet Number: [X] NA	(9 digits) NA

A

EPA

United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
PHTHALIC ANHYDRIDE

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.)
	000085-44-9
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	PHTHALIC ANHYDRIDE
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)
	NA

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.)
	NA

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

3.1	Manufacture the toxic chemical:	a. ☐ Produce b. ☐ Import	If produce or import: c. ☐ For on-site use/processing d. ☐ For sale/distribution e. ☐ As a byproduct f. ☐ As an impurity
3.2	Process the toxic chemical:	a. ☒ As a reactant b. ☐ As a formulation component	c. ☐ As an article component d. ☐ Repackaging
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 ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	05	(Enter two-digit code from instruction package.)

[redacted]

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER: 39730VSTPLPOBOX

Toxic Chemical, Category, or Generic Name: PHTHALIC ANHYDRIDE

SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A. Total Release (lbs/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	[X] NA	NA		
5.2	Stack or point air emissions	[X] NA	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	[X] NA	NA		
5.5	Releases to land on-site				
5.5.1	Landfill	[X] NA	NA		
5.5.2	Land treatment/ application farming	[X] NA	NA		
5.5.3	Surface impoundment	[X] NA	NA		
5.5.4	Other disposal	[X] NA	NA		

[ ] Check here only if additional Section 5.3 information is provided on page 5 of this form.

EPA
United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
PHTHALIC ANHYDRIDE

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
5.3.4 Stream or Water Body Name			
			. %
5.3.5 Stream or Water Body Name			
			. %
5.3.6 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)
NA	

6.1.B POTW Name and Location Information

6.1.B.01 POTW Name		6.1.B.02 POTW Name	
Street Address		Street Address	
City	County	City	County
State	Zip Code	State	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. 1 (example: 1, 2, 3, etc.)

VAB.0001151436

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

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
PHTHALIC ANHYDRIDE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.01 Off-site EPA Identification Number (RCRA ID No.): ALD981020894

Off-Site Location Name: FISHER INDUSTRIAL SERVICE, INC .

Street Address: ROUTE 9, BOX 398-M

City: GADSDEN | County: ETOWAH

State: AL | Zip Code: 35903 | Is location under control of reporting facility or parent company? ☐ Yes ☒ 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. 330	1. 0	1. M50
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.02 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? ☐ Yes ☐ 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.
2.	2.	2.
3.	3.	3.
4.	4.	4.

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.)

Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds;

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

United States Environmental Protection Agency

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
PHTHALIC ANHYDRIDE

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

☐ **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. 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.01a	7A.01b: 1 A03, 2 P99, 3 NA, 4, 5, 6, 7, 8	7A.01c	7A.01d	7A.01e
A		1	100.00 %	Yes ☐ No ☒
7A.02a	7A.02b: 1 P12, 2 P99, 3 NA, 4, 5, 6, 7, 8	7A.02c	7A.02d	7A.02e
A		1	100.00 %	Yes ☐ No ☒
7A.03a	7A.03b: 1, 2, 3, 4, 5, 6, 7, 8	7A.03c	7A.03d	7A.03e
			0.00 %	Yes ☐ No ☐
7A.04a	7A.04b: 1, 2, 3, 4, 5, 6, 7, 8	7A.04c	7A.04d	7A.04e
			0.00 %	Yes ☐ No ☐
7A.05a	7A.05b: 1, 2, 3, 4, 5, 6, 7, 8	7A.05c	7A.05d	7A.05e
			0.00 %	Yes ☐ No ☐

If additional copies of page 7 are attached, indicate the total number of pages in this box ☐ and indicate which page 7 this is, here. ☐ (example: 1, 2, 3, etc.) VAB.0001151438

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
PHTHALIC ANHYDRIDE

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
NA			

SECTION 7C. ON-SITE RECYCLING PROCESSES

☐ **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
R19	NA			

6	7	8	9	10

VAB.0001151439

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
PHTHALIC ANHYDRIDE

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	All quantity estimates can be reported using up to two significant figures.	Column A 1992 (pounds/year)	Column B 1993 (pounds/year)	Column C 1994 (pounds/year)	Column D 1995 (pounds/year)
8.1	Quantity released *	0	0	0	0
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	83	165	200	200
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	0	0	0	0
8.7	Quantity treated off-site	110	330	300	300
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)				0
8.9	Production ratio or activity index				0.99

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			
8.10.2				
8.10.3				
8.10.4				

		YES	NO
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)	☐	☒

* 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.

VAB.0001154440

A

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

Form Approved OMB Number: 2070-0093
Approval Expires: 11/92

EPA
United States Environmental Protection Agency

FORM R

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
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
METHANOL

WHERE TO SEND COMPLETED FORMS:

1. EPCRA Reporting Center
P.O. BOX 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR

1993

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 3 trade secret?

[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 If yes in 2.1, is this copy: [ ] Sanitized [ ] 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:
CHRIS W. TURNER, PLANT MANAGER

Signature: Chris W. Turner

Date Signed: 06/24/94

SECTION 4. FACILITY IDENTIFICATION

4.1

Facility or Establishment Name: VISTA CHEMICAL COMPANY

TRI Facility ID Number: 39730VSTPLPOBOX

Street Address: NEW HIGHWAY 25 SOUTH

City: ABERDEEN

County: MONROE

State: MS

Zip Code: 39730-0091

Mailing Address (if different from street address): P.O. BOX 91

City: ABERDEEN

State: MS

Zip Code: 39730-0091

PUT LABEL HERE

VAB.0001151441

EPA
United States Environmental Protection Agency

EPA FORM R
PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
METHANOL

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check only one)	a. [X] An entire facility	b. [ ] Part of a facility				
4.3	Technical Contact	Name: KENNETH G. AKINS				Telephone Number (include area code): (601) 369-3637	
4.4	Public Contact	Name: JOE E. BEALL				Telephone Number (include area code): (601) 369-3605	
4.5	SIC Code (4-digit)	a. 2821	b. 2869	c. NA	d. 1152	e. NA	f. MSDO
4.6	Latitude and Longitude	Latitude Degrees: 033	Minutes: 48	Seconds: 49	Longitude Degrees: 088	Minutes: 33	Seconds: 34

4.7	Dun & Bradstreet Number(s) (9 digits)	a. NA b. MS0001970
4.8	EPA Identification Number(s) (RCRA I.D.No.) (12 characters)	a. NA b. 2821
4.9	Facility NPDES Permit Number(s) (9 characters)	a. 2869 b. NA
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	a. NA b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company [X] NA	NA
5.2	Parent Company's Dun & Bradstreet Number [X] NA	(9 digits) NA

EPA

United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
METHANOL

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.)
	000067-56-1
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	METHANOL
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)
	NA

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.)
	NA

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

3.1	Manufacture the toxic chemical:	a. ☐ Produce b. ☐ Import	If produce or import: c. ☐ For on-site use/processing d. ☐ For sale/distribution e. ☐ As a byproduct f. ☐ As an impurity
3.2	Process the toxic chemical:	a. ☐ As a reactant b. ☐ As a formulation component	c. ☐ As an article component d. ☐ Repackaging
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 ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

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

VAB.0001151443

EPA

United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
METHANOL

SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A. Total Release (lbs/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	☐ NA	C	O	
5.2	Stack or point air emissions	☒ NA	NA		
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1	Stream or Water Body Name JAMES CREEK		A	O	000.00%
5.3.2	Stream or Water Body Name NA				. %
5.3.3	Stream or Water Body Name				. %
5.4	Underground injections on-site	☒ NA	NA		
5.5	Releases to land on-site				
5.5.1	Landfill	☒ NA	NA		
5.5.2	Land treatment/ application farming	☒ NA	NA		
5.5.3	Surface impoundment	☒ NA	NA		
5.5.4	Other disposal	☒ NA	NA		

☐ Check here only if additional Section 5.3 information is provided on page 5 of this form.

VAB.00011-51444

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

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
METHANOL

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
5.3.4 Stream or Water Body Name			
			. %
5.3.5 Stream or Water Body Name			
			. %
5.3.6 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)
NA	

6.1.B POTW Name and Location Information

6.1.B.01 POTW Name		6.1.B.02 POTW Name	
Street Address		Street Address	
City	County	City	County
State	Zip Code	State	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. 1
(example: 1, 2, 3, etc.)

VAB.0001151445

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

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
METHANOL

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.01 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? ☐ Yes ☐ 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.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.02 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? ☐ Yes ☐ 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.
2.	2.	2.
3.	3.	3.
4.	4.	4.

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.)

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

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
METHANOL

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

☐ 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. 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.01a	7A.01b: 1 B11, 2 B21, 3 P41, 4 NA, 5, 6, 7, 8	7A.01c	7A.01d	7A.01e
W		3	99.99 %	Yes ☐ No ☒
7A.02a	7A.02b: 1, 2, 3, 4, 5, 6, 7, 8	7A.02c	7A.02d	7A.02e
NA			0.00 %	Yes ☐ No ☐
7A.03a	7A.03b: 1, 2, 3, 4, 5, 6, 7, 8	7A.03c	7A.03d	7A.03e
			0.00 %	Yes ☐ No ☐
7A.04a	7A.04b: 1, 2, 3, 4, 5, 6, 7, 8	7A.04c	7A.04d	7A.04e
			0.00 %	Yes ☐ No ☐
7A.05a	7A.05b: 1, 2, 3, 4, 5, 6, 7, 8	7A.05c	7A.05d	7A.05e
			0.00 %	Yes ☐ No ☐

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

VAB.0001151447

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
METHANOL

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	4
NA			

SECTION 7C. ON-SITE RECYCLING PROCESSES

[*] **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
NA				

6	7	8	9	10

VAB.0001151448

EPA

United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Toxic Chemical, Category, or Generic Name
METHANOL

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	All quantity estimates can be reported using up to two significant figures.	Column A 1992 (pounds/year)	Column B 1993 (pounds/year)	Column C 1994 (pounds/year)	Column D 1995 (pounds/year)
8.1	Quantity released *	505	505	505	505
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	495	495	495	495
8.7	Quantity treated off-site	0	0	0	0
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)				0
8.9	Production ratio or activity index				1.03

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			
8.10.2				
8.10.3				
8.10.4				

		YES	NO
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)	☐	☒

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.