

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

U.S. Environmental Protection Agency

EPA

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

EPA FORM

R

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

(This space for EPA use only.)

PART I. FACILITY IDENTIFICATION INFORMATION

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

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

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

Name and official title of owner/operator or senior management official

T.G. Brown, Works Manager, PPG Industries, Lake Charles, LA

Signature

T.G. Brown

Date signed

6/9/88

3. FACILITY IDENTIFICATION

Facility or Establishment Name PPG Industries, Inc.				3.2 This report contains information for: (check one) a. ☒ An entire covered facility. b. ☐ Part of a covered facility.	
Street Address Columbia Southern Rd.					
City Westlake		County Calcasieu			
State LA		Zip Code 7 0 6 6 9 - - - -			
3.3 Technical Contact Andy P. Plauche'				Telephone Number (include area code) (818) 491-4814	
3.4 Public Contact William J. Peard				Telephone Number (include area code) (818) 491-4848	
3.5 a. SIC Code 2, 8, 1, 2				b. NA	
3.6 Latitude Deg. Min. Sec. 0, 3, 0, 1, 3, 2, 7				Longitude Deg. Min. Sec. 0, 9, 3, 1, 6, 5, 9	
3.7 Dun & Bradstreet Number(s) 0, 0, - 8, 0, 8, - 6, 5, 0, 6				b. NA	
3.8 EPA Identification Number (RCRA I.D. No.) L A D 0, 0, 8, 0, 8, 6, 5, 0, 6				b. NA	
3.9 NPDES Permit Number(s) L A Q 0, 0, 0, 7, 6, 1				b. NA	
3.10 Name of Receiving Stream(s) or Water Body(s) a. Calcasieu River b. Bayou D'Inde c. Bayou Verdine					
Underground Injection Well Code (UIC) Identification No. NA NA					

Where to send completed forms:

U.S. Environmental Protection Agency
 P.O. Box 70266
 Washington, DC 20024-0266
 Attn: Toxic Chemical Release Inventory

4. PARENT COMPANY INFORMATION

- 4.1 Name of Parent Company
PPG Industries, Inc. SL 022693
- 4.2 Parent Company's Dun & Bradstreet No.
0 0 - 1 3 4 - 4 8 0 3

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

1. PUBLICLY OWNED TREATMENT WORKS (POTW)

Facility Name NA	
Street Address	
City	County
State	Zip

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

☐ Other off-site location

EPA Identification Number (RCRA ID. No.) L A D 0 0 0 7 7 7 2 0 1

Facility Name
Chemical Waste Management Inc.

Street Address
John Brannon Road

City Carlyss County Calcasieu

State LA Zip 7 0 6 6 3 -

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

☐ Other off-site location

EPA Identification Number (RCRA ID. No.) T X D 0 5 5 1 4 1 3 7 8

Facility Name
Rollins Environmental Services (TX) Inc.

Street Address
2027 Battleground Road

City Dear Park County Harris

State TX Zip 7 7 5 3 6 -

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

☐ Other off-site location

EPA Identification Number (RCRA ID. No.) A L D 0 0 0 6 2 2 4 6 4

Facility Name
Chemical Waste Management - Emelle Facility

Street Address
Alabama Highway 17 at Mile Marker 163

City Emelle County Sumter

State Alabama Zip 3 5 4 5 9 -

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

☐ Check if additional pages of Part II are attached.

SL 022694

(This space for EPA use only.)

EPA FORM R

PART III. CHEMICAL SPECIFIC INFORMATION

1. CHEMICAL IDENTITY

- 1.1 ☐ Trade Secret (Provide a generic name in 1.4 below. Attach substantiation form to this submission.)
- 1.2 CAS # - - (Use leading zeros if CAS number does not fill space provided.)
- 1.3 Chemical or Chemical Category Name
1,2-Dichloroethylene
- 1.4 Generic Chemical Name (Complete only if 1.1 is checked.)
NA

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

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

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

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

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

You may report releases of less than 1,000 lbs. by checking ranges under A.1.		A. Total Release (lbs/yr)			B. Basis of Estimate (enter code)		
		A.1 Reporting Ranges					A.2 Enter Estimate
		0	1-499	500-999			
5.1 Fugitive or non-point air emissions	5.1a				37,000	5.1b 0	
5.2 Stack or point air emissions	5.2a				45,000	5.2b M	
5.3 Discharges to water (Enter letter code from Part I Section 3.10 for stream(s).)	5.3.1 a	5.3.1a			32	5.3.1b 0	C. % From Stormwater 5.3.1c ND
	5.3.2 b	5.3.2a			300	5.3.2b M	5.3.2c ND
	5.3.3 c	5.3.3a	X			5.3.3b M	5.3.3c ND
5.4 Underground Injection	5.4a	NA				5.4b	
5.5 Releases to land	5.5.1a				1	5.5.1b D	
5.5.1 D 9 9 (enter code)							
5.5.2 (enter code)	5.5.2a	NA				5.5.2b	
5.5.3 (enter code)	5.5.3a	NA				5.5.3b	

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

SL 022695

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS						
A. Total Transfers (lbs/yr)				B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)	
A.1 Reporting Ranges			A.2 Enter Estimate			
You may report transfers of less than 1,000 lbs. by checking ranges under A.1.						
				0	1-499	500-999
6.1	Discharge to POTW	NA				6.1b ☐
6.2	Other off-site location (Enter block number from Part II, Section 2.)	1		430	6.2b <input type="checkbox" value="M"/>	6.2c M 7 2
6.3	Other off-site location (Enter block number from Part II, Section 2.)	2		58,000	6.3b <input type="checkbox" value="M"/>	6.3c M 5 0
6.4	Other off-site location (Enter block number from Part II, Section 2.)	3		100	6.4b <input type="checkbox" value="M"/>	6.4c M 7 2
☐ (Check if additional information is provided on Part IV-Supplemental Information)						

7. WASTE TREATMENT METHODS AND EFFICIENCY							
A. General Waste stream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No		
7.1a L	7.1b F 0 1	7.1c 2	7.1d ☐	7.1e 99.99 %	7.1f <input type="checkbox" value="X"/>	☐	
7.2a A	7.2b F 7 1	7.2c 2	7.2d ☐	7.2e 99.99 %	7.2f <input type="checkbox" value="X"/>	☐	
7.3a A	7.3b A 0 3	7.3c 2	7.3d ☐	7.3e 0 %	7.3f ☐	<input type="checkbox" value="X"/>	
7.4a W	7.4b P 4 2	7.4c 1	7.4d ☐	7.4e 99.96 %	7.4f <input type="checkbox" value="X"/>	☐	
7.5a ☐	7.5b	7.5c ☐	7.5d ☐	7.5e %	7.5f ☐	☐	
7.6a ☐	7.6b	7.6c ☐	7.6d ☐	7.6e %	7.6f ☐	☐	
7.7a ☐	7.7b	7.7c ☐	7.7d ☐	7.7e %	7.7f ☐	☐	
7.8a ☐	7.8b	7.8c ☐	7.8d ☐	7.8e %	7.8f ☐	☐	
7.9a ☐	7.9b	7.9c ☐	7.9d ☐	7.9e %	7.9f ☐	☐	
7.10a ☐	7.10b	7.10c ☐	7.10d ☐	7.10e %	7.10f ☐	☐	
7.11a ☐	7.11b	7.11c ☐	7.11d ☐	7.11e %	7.11f ☐	☐	
7.12a ☐	7.12b	7.12c ☐	7.12d ☐	7.12e %	7.12f ☐	☐	
7.13a ☐	7.13b	7.13c ☐	7.13d ☐	7.13e %	7.13f ☐	☐	
7.14a ☐	7.14b	7.14c ☐	7.14d ☐	7.14e %	7.14f ☐	☐	
☐ (Check if additional information is provided on Part IV-Supplemental Information.)							

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION				
(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)				
A. Type of modification (enter code)	B. Quantity of the chemical in the wastestream prior to treatment/disposal		C. Index	D. Reason for action (enter code)
NA	Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	SL 022696

EPA FORM R**PART IV. SUPPLEMENTAL INFORMATION**

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

(This space for EPA use only.)

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

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

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

Releases to Land	A. Total Release (lbs/yr)			B. Basis of Estimate (enter code)
	A.1 Reporting Ranges		A.2 Enter Estimate	
	0	1-499		
5.5 (enter code)	5.5 a	NA		5.5 b ☐
 (enter code)	5.5 a	NA		5.5 b ☐
5.5 (enter code)	5.5 a	NA		5.5 b ☐

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

	A. Total Transfers (lbs/yr)			B. Basis of Estimate (enter code)	C. Type of Treatment/ Disposal (enter code)
	A.1 Reporting Ranges		A.2 Enter Estimate		
	0	1-499			
6. ☐ Discharge to POTW	6. a	NA		6. b ☐	
6. ☐ Other off-site location (Enter block number from Part II, Section 2.)	6. a	NA		6. b ☐	6. c.
6. ☐ Other off-site location (Enter block number from Part II, Section 2.)	6. a	NA		6. b ☐	6. c.

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

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes No
7. ☐ NA	7. b	7. c ☐	7. d ☐	7. e %	7. f ☐ ☐
7. a ☐	7. b	7. c ☐	7. d ☐	7. e %	7. f ☐ ☐
 a ☐	7. b	7. c ☐	7. d ☐	7. e %	7. f ☐ ☐
7. a ☐	7. b	7. c ☐	7. d ☐	7. e %	7. f ☐ ☐
7. a ☐	7. b	7. c ☐	7. d ☐	7. e %	7. f ☐ ☐