

**EPA**  
United States  
Environmental Protection  
Agency**FORM R** TOXIC CHEMICAL RELEASE  
INVENTORY REPORTING FORMSection 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

70765THDWCHGW

Toxic Chemical, Category, or Generic Name

HEXACHLORO-1,3-BUTAD

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

For EPA use only

**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1.****REPORTING  
YEAR**

1992

**SECTION 2. TRADE SECRET INFORMATION**

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

☐ Yes (Answer question 2.2;  
Attach substantiation forms) ☒ No (Do not answer 2.2;  
Go to Section 3)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

STANLEY G. COLE, ENVIRONMENTAL MANAGER

Signature

Date Signed

07/01/93

**SECTION 4. FACILITY IDENTIFICATION**

Facility or Establishment Name

THE DOW CHEMICAL COMPANY, LOUISIANA DIVISION

TRI Facility ID Number

70765THDWCHGW

Street Address

HIGHWAY 1 SOUTH; P.O. BOX 150

City

PLAQUEMINE

County

IBERVILLE/W.B.E.

State

LA

Zip Code

707650150

Mailing Address (if different from street address)

NA

City

State

Zip Code

**PUT LABEL HERE**



# EPA FORM R

## PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

|                                           |
|-------------------------------------------|
| TRI FACILITY ID NUMBER                    |
| 70765THDWCHIGHW                           |
| Toxic Chemical, Category, or Generic Name |
| HEXACHLORO-1,3-BUTAD                      |

### SECTION 4. FACILITY IDENTIFICATION (Continued)

|         |                                                                      |                                                                                                             |         |         |           |                                                        |    |
|---------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------|---------|-----------|--------------------------------------------------------|----|
| 4.2     | This report contains information for:<br>(Important: check only one) | a. <input checked="" type="checkbox"/> An entire facility    b. <input type="checkbox"/> Part of a facility |         |         |           |                                                        |    |
| 4.3     | Technical Contact                                                    | Name<br>STANLEY G. COLE                                                                                     |         |         |           | Telephone Number (include area code)<br>(504) 389-6131 |    |
| 4.4     | Public Contact                                                       | Name<br>GUY S. BARONE                                                                                       |         |         |           | Telephone Number (include area code)<br>(504) 389-8236 |    |
| 4.5     | SIC Code (4-digit)                                                   | a. 2812                                                                                                     | b. 2821 | c. 2869 | d. NA     | e.                                                     | f. |
| 4.6     | Latitude and Longitude                                               | Latitude                                                                                                    |         |         | Longitude |                                                        |    |
| Degrees |                                                                      | Minutes                                                                                                     | Seconds | Degrees | Minutes   | Seconds                                                |    |
| 030     |                                                                      | 19                                                                                                          | 00      | 091     | 16        | 20                                                     |    |
| 4.7     | Dun & Bradstreet Number(s) (9 digits)                                |                                                                                                             |         |         |           | a. 008187080                                           |    |
|         |                                                                      |                                                                                                             |         |         |           | b. NA                                                  |    |
| 4.8     | EPA Identification Number(s) (RCRA I.D.No.)<br>(12 characters)       |                                                                                                             |         |         |           | a. LAD008187080                                        |    |
|         |                                                                      |                                                                                                             |         |         |           | b. NA                                                  |    |
| 4.9     | Facility NPDES Permit Number(s)<br>(9 characters)                    |                                                                                                             |         |         |           | a. LA0003301                                           |    |
|         |                                                                      |                                                                                                             |         |         |           | b. LA0049638                                           |    |
| 4.10    | Underground Injection Well Code (UIC) I.D.<br>Number(s) (12 digits)  |                                                                                                             |         |         |           | a. NA                                                  |    |
|         |                                                                      |                                                                                                             |         |         |           | b.                                                     |    |

### SECTION 5. PARENT COMPANY INFORMATION

|     |                                          |                                                         |           |
|-----|------------------------------------------|---------------------------------------------------------|-----------|
| 5.1 | Name of Parent Company                   | <input type="checkbox"/> NA    THE DOW CHEMICAL COMPANY |           |
| 5.2 | Parent Company's Dun & Bradstreet Number | <input type="checkbox"/> NA    (9 digits)               | 001381581 |



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# EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION

Page 3 of 3  
TRI FACILITY ID NUMBER

70765THDWCHGW

Toxic Chemical, Category, or Generic Name

HEXACHLORO-1,3-BUTADIENE

### 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.)<br>000087-68-3 |
| 1.2 | Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)<br>HEXACHLORO-1,3-BUTADIENE              |
| 1.3 | Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)<br>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.)<br>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. <input checked="" type="checkbox"/> Produce<br>b. <input type="checkbox"/> Import                           | If produce or import:<br>c. <input type="checkbox"/> For on-site use/processing<br>d. <input type="checkbox"/> For sale/distribution<br>e. <input checked="" type="checkbox"/> As a byproduct<br>f. <input type="checkbox"/> As an impurity |
| 3.2 | Process the toxic chemical:       | a. <input type="checkbox"/> As a reactant<br>b. <input type="checkbox"/> As a formulation component            | c. <input type="checkbox"/> As an article component<br>d. <input type="checkbox"/> Repackaging                                                                                                                                              |
| 3.3 | Otherwise use the toxic chemical: | a. <input type="checkbox"/> As a chemical processing aid<br>b. <input type="checkbox"/> As a manufacturing aid | c. <input type="checkbox"/> Ancillary or other use                                                                                                                                                                                          |

### SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

|     |                                                                                  |
|-----|----------------------------------------------------------------------------------|
| 4.1 | <input type="text" value="04"/> (Enter two-digit code from instruction package.) |
|-----|----------------------------------------------------------------------------------|



# EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

70765THDWCHIGHW

Toxic Chemical, Category, or Generic Name

HEXACHLORO-1,3-BUTAD

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

|                                 |                                                                                |                             | A. Total Release (lbs/year)<br>(enter range code from<br>instructions or estimate) | B. Basis of<br>Estimate<br>(enter code) | C. % From<br>Stormwater |
|---------------------------------|--------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------|-----------------------------------------|-------------------------|
| 5.1                             | Fugitive or non-point<br>air emissions                                         | <input type="checkbox"/> NA | 700                                                                                | E                                       |                         |
| 5.2                             | Stack or point air<br>emissions                                                | <input type="checkbox"/> NA | 93                                                                                 | 0                                       |                         |
| 5.3                             | Discharges to receiving<br>streams or water bodies<br>(enter one name per box) |                             |                                                                                    |                                         |                         |
| 5.3.1 Stream or Water Body Name |                                                                                |                             |                                                                                    |                                         |                         |
| NA                              |                                                                                |                             |                                                                                    |                                         | . X                     |
| 5.3.2 Stream or Water Body Name |                                                                                |                             |                                                                                    |                                         |                         |
|                                 |                                                                                |                             |                                                                                    |                                         | . X                     |
| 5.3.3 Stream or Water Body Name |                                                                                |                             |                                                                                    |                                         |                         |
|                                 |                                                                                |                             |                                                                                    |                                         | . X                     |
| 5.4                             | Underground Injections<br>on-site                                              | <input type="checkbox"/> NA | NA                                                                                 |                                         |                         |
| 5.5                             | Releases to land on-site                                                       |                             |                                                                                    |                                         |                         |
| 5.5.1                           | Landfill                                                                       | <input type="checkbox"/> NA | NA                                                                                 |                                         |                         |
| 5.5.2                           | Land treatment/<br>application farming                                         | <input type="checkbox"/> NA | NA                                                                                 |                                         |                         |
| 5.5.3                           | Surface<br>impoundment                                                         | <input type="checkbox"/> NA | NA                                                                                 |                                         |                         |
| 5.5.4                           | Other disposal                                                                 | <input type="checkbox"/> NA | NA                                                                                 |                                         |                         |



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



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## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

|                                           |
|-------------------------------------------|
| TN FACILITY ID NUMBER                     |
| 70765THDWCHGW                             |
| Toxic Chemical, Category, or Generic Name |
| HEXACHLORO-1,3-BUTAD                      |

### 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 Streamwater |
|-------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------|-----------------------|
| 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)<br>(enter range code or estimate) | 6.1.A.2 Basis of Estimate<br>(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                                                                    | City                                      |
| County                                                                  | County                                    |
| State                                                                   | State                                     |
| Zip Code                                                                | 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 01 and indicate which Part II, Sections 5.3/6.1 page this is, here. 1  
(example: 1, 2, 3, etc.)



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## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

70765THDWCHIGHW

Toxic Chemical, Category, or Generic Name

HEXACHLORO-1,3-BUTAD

### 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

Stat

Zip Code

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

| A. Total Transfers (pounds/year)<br>(enter range code or estimate) | B. Basis of Estimate<br>(enter code) | C. Type of Waste Treatment/Disposal/<br>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

Stat

Zip Code

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

| A. Total Transfers (pounds/year)<br>(enter range code or estimate) | B. Basis of Estimate<br>(enter code) | C. Type of Waste Treatment/Disposal/<br>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 **00** and indicate which Part II, Section 6.2 page this is, here. **1** (example: 1, 2, 3, etc.)



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# EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

70765THDWCHIGHW

Toxic Chemical, Category, or Generic Name

HEXACHLORO-1,3-BUTAD

### 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 | F11 | 2 | NA                                 | 7A.01c                                 | 7A.01d                      | 7A.01e                                                       |
| S                                    | 3                                                           |   | 4   |   | 5                                  | 2                                      | 999.99%                     | Yes No                                                       |
|                                      | 6                                                           |   | 7   |   | 8                                  |                                        |                             | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 7A.02a                               | 7A.02b                                                      | 1 | F01 | 2 | NA                                 | 7A.02c                                 | 7A.02d                      | 7A.02e                                                       |
| L                                    | 3                                                           |   | 4   |   | 5                                  | 1                                      | 999.99%                     | Yes No                                                       |
|                                      | 6                                                           |   | 7   |   | 8                                  |                                        |                             | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 7A.03a                               | 7A.03b                                                      | 1 |     | 2 |                                    | 7A.03c                                 | 7A.03d                      | 7A.03e                                                       |
|                                      | 3                                                           |   | 4   |   | 5                                  |                                        | . x                         | Yes No                                                       |
|                                      | 6                                                           |   | 7   |   | 8                                  |                                        |                             | <input type="checkbox"/> <input type="checkbox"/>            |
| 7A.04a                               | 7A.04b                                                      | 1 |     | 2 |                                    | 7A.04c                                 | 7A.04d                      | 7A.04e                                                       |
|                                      | 3                                                           |   | 4   |   | 5                                  |                                        | . x                         | Yes No                                                       |
|                                      | 6                                                           |   | 7   |   | 8                                  |                                        |                             | <input type="checkbox"/> <input type="checkbox"/>            |
| 7A.05a                               | 7A.05b                                                      | 1 |     | 2 |                                    | 7A.05c                                 | 7A.05d                      | 7A.05e                                                       |
|                                      | 3                                                           |   | 4   |   | 5                                  |                                        | . x                         | Yes No                                                       |
|                                      | 6                                                           |   | 7   |   | 8                                  |                                        |                             | <input type="checkbox"/> <input type="checkbox"/>            |

If additional copies of page 7 are attached, indicate the total number of pages in this box 01 and indicate which page 7 this is, here. 1 (example: 1, 2, 3, etc.)



# EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

|                                           |
|-------------------------------------------|
| TIN FACILITY ID NUMBER                    |
| 70765THDWCHIGHW                           |
| Toxic Chemical, Category, or Generic Name |
| HEXACHLORO-1,3-BUTAD                      |

### 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 |
|    |   |   |   |    |



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# EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

70765THDWCHIGHW

Toxic Chemical, Category, or Generic Name

HEXACHLORO-1,3-BUTAD

### SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

| <i>All quantity estimates can be reported using up to two significant figures.</i> |                                                                                                                                                                        | Column A<br>1991<br>(pounds/year)          | Column B<br>1992<br>(pounds/year) | Column C<br>1993<br>(pounds/year) | Column D<br>1994<br>(pounds/year)                                                                                                                                    |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8.1                                                                                | Quantity released *                                                                                                                                                    | 1200                                       | 790                               | 790                               | 790                                                                                                                                                                  |
| 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                                                                                                                                               | 870000                                     | 930000                            | 930000                            | 930000                                                                                                                                                               |
| 8.7                                                                                | Quantity treated off-site                                                                                                                                              | 980                                        | 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                                                                                                                                     |                                            |                                   |                                   | 1.00                                                                                                                                                                 |
| 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<br>[enter code(s)]                                                                                                                         | Methods to Identify Activity (enter codes) |                                   |                                   |                                                                                                                                                                      |
| 8.10.1                                                                             | W39                                                                                                                                                                    | T01                                        | NA                                |                                   |                                                                                                                                                                      |
| 8.10.2                                                                             | NA                                                                                                                                                                     |                                            |                                   |                                   |                                                                                                                                                                      |
| 8.10.3                                                                             |                                                                                                                                                                        |                                            |                                   |                                   |                                                                                                                                                                      |
| 8.10.4                                                                             |                                                                                                                                                                        |                                            |                                   |                                   |                                                                                                                                                                      |
| 8.11                                                                               | Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)                          |                                            |                                   |                                   | <div style="display: flex; justify-content: space-around;"> <div>YES<br/><input type="checkbox"/></div> <div>NO<br/><input checked="" type="checkbox"/></div> </div> |

\* Report releases pursuant to EPCRA Section 329(b) 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.