CertainTeed Corporation
Pipe & Plastics Group
P.O. Box 253
Sulphur, LA 70663
(318) 882-1441

CertainTeed

September 8, 1988

Ms. Meredith N. Scheck
Assistant Director
The Vinyl Institute
Wayne Interchange Plaza II
155 Route 46 West
Wayne, NJ 07470

Dear Ms. Scheck:

As requested in your letter of August 31, 1988, please note the attached copies of our SARA Section 313 forms.

If further assistance is needed concerning this matter, please contact me.

Sincerely,

Bruce J. Brocka
Technical Supervisor

cma

Attachments

pc: C. A. Gellner, Plant Manager

CTL016303

01-91-0283

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: C. A. GELLNER, PLANT MANAGER

Signature: [signature] Date signed: 6/27/89

3. FACILITY IDENTIFICATION

3.1 Facility or Establishment Name: CERTAINTEED CORPORATION

Street Address: PETE MANENA ROAD

City: SULPHUR County: CALCASIEU

State: LOUISIANA Zip Code: 7 0 6 6 4 1 - 0 2 1 5 1 3

3.2 This report contains information for: (check one)

a. ☒ An entire covered facility.

b. ☐ Part of a covered facility.

3.3 Technical Contact: BRUCE J. BROCKA Telephone Number (include area code): (318 882 - 1441

3.4 Public Contact: C. A. GELLNER Telephone Number (include area code): (318 882 - 1441

3.5 a. SIC Code: 2 8 2 1 b. N/A c.

3.6 Latitude: Deg. Min. Sec.: 3 0 1 1 3 1 3 0 Longitude: Deg Min. Sec.: 9 3 1 1 7 5 1 0

3.7 Dun & Bradstreet Number(s) a. N/A b. N/A

3.8 EPA Identification Number (RCRA I.D. No.) a. L A D 0 4 0 3 1 3 2 0 2 1 5 b. N/A

3.9 NPDES Permit Number(s) a. L A 0 0 4 1 1 0 2 1 5 b. N/A

Where to send completed forms:

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

3.10 Name of Receiving Stream(s) or Water Body(s)

a. BAYOU D'INDE

b. N/A

c.

3.11 Underground Injection Well Code (UIC) Identification No.: N/A

CTL016304

4. PARENT COMPANY INFORMATION

4.1 Name of Parent Company: CERTAINTEED CORPORATION P. O. BOX 860 VALLEY FORGE, PA 19482

4.2 Parent Company's Dun & Bradstreet No.: 0 0 1 - 2 3 5 1 - 8 2 6 5

(This space for EPA use only.)

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

1. PUBLICLY OWNED TREATMENT WORKS (POTW)

Facility Name: N/A

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.):

Facility Name: N/A

Street Address:

City: | County:

State: | Zip:

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

☐ Other off-site location

EPA Identification Number (RCRA ID. No.):

Facility Name: N/A

Street Address:

City: | County:

State: | Zip:

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

☐ Other off-site location

EPA Identification Number (RCRA ID. No.):

Facility Name: N/A

Street Address:

City: | County:

State: | Zip:

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

CTL016305

☐ Check if additional pages of Part II are attached.

(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 # 0 0 0 0 7 5 - 0 1 - 4 (Use leading zeros if CAS number does not fill space provided.)

1.3 Chemical or Chemical Category Name: VINYL CHLORIDE

1.4 Generic Chemical Name (Complete only if 1.1 is checked.)

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

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

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	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

0 6 (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) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	5.1a				26,000	5.1b 0	
5.2 Stack or point air emissions	5.2a				15,000	5.2b 0	
5.3 Discharges to water — 5.3.1 a (Enter letter code from Part I Section 3.10 for streams(s).)	5.3.1a				1.5	5.3.1b M	5.3.1c
5.3.2 ☐	5.3.2a				N/A	5.3.2b ☐	5.3.2c
5.3.3 ☐	5.3.3a				N/A	5.3.3b ☐	5.3.3c
5.4 Underground injection	5.4a				N/A	5.4b ☐	
5.5 Releases to land — 5.5.1 ☐☐☐ (enter code)	5.5.1a				N/A	5.5.1b ☐	
5.5.2 ☐☐☐ (enter code)	5.5.2a				N/A	5.5.2b ☐	
5.5.3 ☐☐☐ (enter code)	5.5.3a				N/A	5.5.3b ☐	

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

CTL016306

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 lbs. by checking ranges under A.1.	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0	1-499	500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/ Disposal (enter code)
6.1 Discharge to POTW				N/A	6.1b ☐	
6.2 Other off-site location (Enter block number from Part II, Section 2.) ☐				N/A	6.2b ☐	6.2c ☐☐☐
6.3 Other off-site location (Enter block number from Part II, Section 2.) ☐				N/A	6.3b ☐	6.3c ☐☐☐
6.4 Other off-site location (Enter block number from Part II, Section 2.) ☐				N/A	6.4b ☐	6.4c ☐☐☐

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

7. WASTE TREATMENT METHODS AND EFFICIENCY

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
7.1a [A]	7.1b [F][7][1]	7.1c [1]	7.1d ☐	7.1e 99.99%	7.1f ☐	[X]
7.2a ☐	7.2b ☐☐☐	7.2c ☐	7.2d ☐	7.2e %	7.2f ☐	☐
7.3a ☐	7.3b ☐☐☐	7.3c ☐	7.3d ☐	7.3e %	7.3f ☐	☐
7.4a ☐	7.4b ☐☐☐	7.4c ☐	7.4d ☐	7.4e %	7.4f ☐	☐
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: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for action (enter code)
☐☐	_____	_____	_____ %	☐☐	CTL016307 ☐☐

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		
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)	A.1 Reporting Ranges 0	1-499	500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code)
5.5___ ☐☐☐ (enter code)	5.5___a					5.5___b ☐
.5___ ☐☐☐ (enter code)	5.5___a					5.5___b ☐
5.5___ ☐☐☐ (enter code)	5.5___a					5.5___b ☐

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

	A.Total Transfers (lbs/yr)	A.1 Reporting Ranges 0	1-499	500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/ Disposal (enter code)
6.___ Discharge to POTW	6.___a					6.___b ☐	
6.___ Other off-site location (Enter block number from Part II, Section 2.) ☐	6.___a					6.___b ☐	6.___c. ☐☐☐
6.___ Other off-site location (Enter block number from Part II, Section 2.) ☐	6.___a					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.___a ☐	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 ☐	☐

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

Approval Expires: 01/91

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

PART I. FACILITY IDENTIFICATION INFORMATION

(This space for EPA use only.)

1. 1.1 Does this report contain trade secret information? ☐ Yes (Answer 1.2) ☒ No (Do not answer 1.2)

1.2 Is this a sanitized copy? ☐ Yes ☐ No

1.3 Reporting Year: 1987

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

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

Name and official title of owner/operator or senior management official: C. A. GELLNER, PLANT MANAGER

Signature: [signature] Date signed: 6/27/88

3. FACILITY IDENTIFICATION

3.1 Facility or Establishment Name: CERTAINTEED CORPORATION
Street Address: PETE MANENA ROAD
City: SULPHUR County: CALCASIEU
State: LOUISIANA Zip Code: 70616 6141-1012 1513

3.2 This report contains information for: (check one)
a. ☒ An entire covered facility.
b. ☐ Part of a covered facility.

3.3 Technical Contact: BRUCE J. BROCKA — Telephone Number (include area code): (318 882-1441

3.4 Public Contact: C. A. GELLNER — Telephone Number (include area code): (318 882-1441

3.5 a. SIC Code: 2821 b. N/A c.

3.6 Latitude: Deg. 30 Min. 13 Sec. 30 Longitude: Deg. 93 Min. 17 Sec. 50

3.7 Dun & Bradstreet Number(s): a. N/A b. N/A

3.8 EPA Identification Number (RCRA I.D. No.): a. LAD041033120215 b. N/A

3.9 NPDES Permit Number(s): a. LA0041102 15 b. N/A

Where to send completed forms:

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

3.10 Name of Receiving Stream(s) or Water Body(s)
a. BAYOU D'INDE
b. N/A
c.

3.11 Underground Injection Well Code (UIC) Identification No.: N/A

4. PARENT COMPANY INFORMATION

4.1 Name of Parent Company: CERTAINTEED CORPORATION P. O. BOX 860 VALLEY FORGE, PA 19482

4.2 Parent Company's Dun & Bradstreet No.: 01-123151-81216

CTL016309

(This space for EPA use only.)

EPA FORM R

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

1. PUBLICLY OWNED TREATMENT WORKS (POTW)

Facility Name: N/A

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.):

Facility Name: N/A

Street Address:

City: | County:

State: | Zip:

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

☐ Other off-site location

EPA Identification Number (RCRA ID. No.):

Facility Name: N/A

Street Address:

City: | County:

State: | Zip:

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

☐ Other off-site location

EPA Identification Number (RCRA ID. No.):

Facility Name: N/A

Street Address:

City: | County:

State: | Zip:

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

CTL016310

☐ Check if additional pages of Part II are attached.

(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 # 0 0 7 6 4 7 - 0 1 - 0 (Use leading zeros if CAS number does not fill space provided.)

1.3 Chemical or Chemical Category Name: HYDROCHLORIC ACID

1.4 Generic Chemical Name (Complete only if 1.1 is checked.)

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

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

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

3.1 Manufacture: a. [X] Produce b. ☐ Import c. ☐ For on-site use/processing d. ☐ For sale/ distribution e. [X] 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 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

0 1 (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) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	5.1a				N/A	5.1b ☐	
5.2 Stack or point air emissions	5.2a				3,800	5.2b ☐	
5.3 Discharges to water (Enter letter code from Part I Section 3.10 for streams(s).) 5.3.1 ☐	5.3.1a				N/A	5.3.1b ☐	5.3.1c
5.3.2 ☐	5.3.2a				N/A	5.3.2b ☐	5.3.2c
5.3.3 ☐	5.3.3a				N/A	5.3.3b ☐	5.3.3c
5.4 Underground injection	5.4a				N/A	5.4b ☐	
5.5 Releases to land 5.5.1 ☐☐☐ (enter code)	5.5.1a				N/A	5.5.1b ☐	
5.5.2 ☐☐☐ (enter code)	5.5.2a				N/A	5.5.2b ☐	
5.5.3 ☐☐☐ (enter code)	5.5.3a				N/A	5.5.3b ☐	

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

CTL016311

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

	You may report transfers of less than 1,000 lbs by checking ranges under A.1.	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/ Disposal (enter code)
6.1	Discharge to POTW				N/A	6.1b	
6.2	Other off-site location (Enter block number from Part II, Section 2.) ☐				N/A	6.2b ☐	6.2c ☐☐☐
6.3	Other off-site location (Enter block number from Part II, Section 2.) ☐				N/A	6.3b ☐	6.3c ☐☐☐
6.4	Other off-site location (Enter block number from Part II, Section 2.) ☐				N/A	6.4b ☐	6.4c ☐☐☐

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

7. WASTE TREATMENT METHODS AND EFFICIENCY

	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
7.1	a A	b A04	c 1	d ☐	e 99 %	f ☐	X
7.2	a W	b C11	c 1	d ☐	e 101 %	f ☐	X
7.3	a ☐	b ☐☐☐	c ☐	d ☐	e %	f ☐	☐
7.4	a ☐	b ☐☐☐	c ☐	d ☐	e %	f ☐	☐
7.5	a ☐	b ☐☐☐	c ☐	d ☐	e %	f ☐	☐
7.6	a ☐	b ☐☐☐	c ☐	d ☐	e %	f ☐	☐
7.7	a ☐	b ☐☐☐	c ☐	d ☐	e %	f ☐	☐
7.8	a ☐	b ☐☐☐	c ☐	d ☐	e %	f ☐	☐
7.9	a ☐	b ☐☐☐	c ☐	d ☐	e %	f ☐	☐
7.10	a ☐	b ☐☐☐	c ☐	d ☐	e %	f ☐	☐
7.11	a ☐	b ☐☐☐	c ☐	d ☐	e %	f ☐	☐
7.12	a ☐	b ☐☐☐	c ☐	d ☐	e %	f ☐	☐
7.13	a ☐	b ☐☐☐	c ☐	d ☐	e %	f ☐	☐
7.14	a ☐	b ☐☐☐	c ☐	d ☐	e %	f ☐	☐

☐ (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: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for action (enter code)
☐☐	_____	_____	_____ %	☐☐	☐☐

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		
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)	A.1 Reporting Ranges 0	A.1 Reporting Ranges 1-499	A.1 Reporting Ranges 500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code)
5.5___ ☐☐☐ (enter code)	5.5___a					5.5___b ☐
.5___ ☐☐☐ (enter code)	5.5___a					5.5___b ☐
5.5___ ☐☐☐ (enter code)	5.5___a					5.5___b ☐

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

	A. Total Transfers (lbs/yr)	A.1 Reporting Ranges 0	A.1 Reporting Ranges 1-499	A.1 Reporting Ranges 500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/ Disposal (enter code)
6.___ Discharge to POTW	6.___a					6.___b ☐	
6.___ Other off-site location (Enter block number from Part II, Section 2.) ☐	6.___a					6.___b ☐	6.___c. ☐☐☐
6.___ Other off-site location (Enter block number from Part II, Section 2.) ☐	6.___a					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	F. Based on Operating Data? No
7.___a ☐	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 ☐	☐

CTL016313

(Important: 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: C. A. GELLNER, PLANT MANAGER

Signature: [signature] | Date signed: 6/27/88

3. FACILITY IDENTIFICATION

3.1 Facility or Establishment Name: CERTAINTEED CORPORATION
Street Address: PETE MANENA ROAD
City: SULPHUR | County: CALCASIEU
State: LOUISIANA | Zip Code: 7 | 0 | 6 | 6 | 4 | 1 - | 1 | 0 | 1 | 2 | 1 | 5 | 1 | 3

3.2 This report contains information for: (check one)
a. ☒ An entire covered facility.
b. ☐ Part of a covered facility.

3.3 Technical Contact: BRUCE J. BROCKA | Telephone Number (Include area code): (318 882 - 1441

3.4 Public Contact: C. A. GELLNER | Telephone Number (Include area code): (318 882 - 1441

3.5 a. SIC Code: 2 | 8 | 2 | 1 | b. N/A | c.

3.6 Latitude: Deg. 3 | 0 | Min. 1 | 3 | Sec. 3 | 0 | Longitude: Deg. 9 | 3 | Min. 1 | 7 | Sec. 5 | 0

3.7 Dun & Bradstreet Number(s): a. N/A | b. N/A

3.8 EPA Identification Number (RCRA I.D. No.): a. LA D 0 4 0 3 3 2 0 2 5 | b. N/A

3.9 NPDES Permit Number(s): a. LA 0 0 4 1 0 2 5 | b. N/A

3.10 Name of Receiving Stream(s) or Water Body(s):
a. BAYOU D'INDE
b. N/A
c.

3.11 Underground Injection Well Code (UIC) Identification No.: N/A

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: CERTAINTEED CORPORATION P. O. BOX 860 VALLEY FORGE, PA 19482

4.2 Parent Company's Dun & Bradstreet No.: 0 | 0 | 1 - 1 | 2 | 3 | 5 | 1 - | 8 | 1 | 2 | 1 | 6 | 1 | 5

CTL016314

(This space for EPA use only.)

EPA FORM R

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

1. PUBLICLY OWNED TREATMENT WORKS (POTW)

Facility Name: N/A

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.):

Facility Name: N/A

Street Address:

City: | County:

State: | Zip: -

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

☐ Other off-site location

EPA Identification Number (RCRA ID. No.):

Facility Name: N/A

Street Address:

City: | County:

State: | Zip: -

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

☐ Other off-site location

EPA Identification Number (RCRA ID. No.):

Facility Name: N/A

Street Address:

City: | County:

State: | Zip: -

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

CTL016315

☐ Check if additional pages of Part II are attached.

(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 # 0 0 7 6 6 4 - 9 3 - 9 (Use leading zeros if CAS number does not fill space provided.)

1.3 Chemical or Chemical Category Name: SULPHURIC ACID

1.4 Generic Chemical Name (Complete only if 1.1 is checked.)

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

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

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 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

0 4 (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) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	5.1a				N/A	5.1b ☐	
5.2 Stack or point air emissions	5.2a				N/A	5.2b ☐	
5.3 Discharges to water (Enter letter code from Part I Section 3.10 for streams(s).) 5.3.1 ☐	5.3.1a				N/A	5.3.1b ☐	5.3.1c
5.3.2 ☐	5.3.2a					5.3.2b ☐	5.3.2c
5.3.3 ☐	5.3.3a					5.3.3b ☐	5.3.3c
5.4 Underground injection	5.4a				N/A	5.4b ☐	
5.5 Releases to land 5.5.1 (enter code)	5.5.1a				N/A	5.5.1b ☐	
5.5.2 (enter code)	5.5.2a				N/A	5.5.2b ☐	
5.5.3 (enter code)	5.5.3a				N/A	5.5.3b ☐	

CTL016316

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

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

	You may report transfers of less than 1,000 lbs by checking ranges under A.1.	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0	1-499	500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/ Disposal (enter code)
6.1	Discharge to POTW				N/A	6.1b ☐	
6.2	Other off-site location (Enter block number from Part II, Section 2.) ☐				N/A	6.2b ☐	6.2c ☐☐☐
6.3	Other off-site location (Enter block number from Part II, Section 2.) ☐				N/A	6.3b ☐	6.3c ☐☐☐
6.4	Other off-site location (Enter block number from Part II, Section 2.) ☐				N/A	6.4b ☐	6.4c ☐☐☐

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

7. WASTE TREATMENT METHODS AND EFFICIENCY

	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
7.1	7.1a ☐	7.1b ☐☐☐	7.1c ☐	7.1d ☐	7.1e %	7.1f ☐	☐
7.2	7.2a ☐	7.2b ☐☐☐	7.2c ☐	7.2d ☐	7.2e %	7.2f ☐	☐
7.3	7.3a ☐	7.3b ☐☐☐	7.3c ☐	7.3d ☐	7.3e %	7.3f ☐	☐
7.4	7.4a ☐	7.4b ☐☐☐	7.4c ☐	7.4d ☐	7.4e %	7.4f ☐	☐
7.5	7.5a ☐	7.5b ☐☐☐	7.5c ☐	7.5d ☐	7.5e %	7.5f ☐	☐
7.6	7.6a ☐	7.6b ☐☐☐	7.6c ☐	7.6d ☐	7.6e %	7.6f ☐	☐
7.7	7.7a ☐	7.7b ☐☐☐	7.7c ☐	7.7d ☐	7.7e %	7.7f ☐	☐
7.8	7.8a ☐	7.8b ☐☐☐	7.8c ☐	7.8d ☐	7.8e %	7.8f ☐	☐
7.9	7.9a ☐	7.9b ☐☐☐	7.9c ☐	7.9d ☐	7.9e %	7.9f ☐	☐
7.10	7.10a ☐	7.10b ☐☐☐	7.10c ☐	7.10d ☐	7.10e %	7.10f ☐	☐
7.11	7.11a ☐	7.11b ☐☐☐	7.11c ☐	7.11d ☐	7.11e %	7.11f ☐	☐
7.12	7.12a ☐	7.12b ☐☐☐	7.12c ☐	7.12d ☐	7.12e %	7.12f ☐	☐
7.13	7.13a ☐	7.13b ☐☐☐	7.13c ☐	7.13d ☐	7.13e %	7.13f ☐	☐
7.14	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: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for action (enter code)
☐☐			%	☐☐	☐☐

CTL016317

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		
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 0	A.1 Reporting Ranges 1-499	A.1 Reporting Ranges 500-999	A.2 Enter Estimate	
5.5___ ☐☐☐ (enter code)	5.5___a					5.5___b ☐
5___ ☐☐☐ (enter code)	5.5___a					5.5___b ☐
5.5___ ☐☐☐ (enter code)	5.5___a					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 0	A.1 Reporting Ranges 1-499	A.1 Reporting Ranges 500-999	A.2 Enter Estimate		
6.___ Discharge to POTW	6.___a					6.___b ☐	
6.___ Other off-site location (Enter block number from Part II, Section 2.) ☐	6.___a					6.___b ☐	6.___c. ☐☐☐
6.___ Other off-site location (Enter block number from Part II, Section 2.) ☐	6.___a					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	F. Based on Operating Data? No
7.___a ☐	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 ☐	☐

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: C. A. GELLNER, PLANT MANAGER

Signature: [signature] Date signed: 6/27/88

3. FACILITY IDENTIFICATION

3.1 Facility or Establishment Name: CERTAINTEED CORPORATION
Street Address: PETE MANENA ROAD
City: SULPHUR | County: CALCASIEU
State: LOUISIANA | Zip Code: 70616-1041

3.2 This report contains information for: (check one)
a. ☒ An entire covered facility.
b. ☐ Part of a covered facility.

3.3 Technical Contact: BRUCE J. BROCKA | Telephone Number (include area code): (318) 882-1441

3.4 Public Contact: C. A. GELLNER | Telephone Number (include area code): (318) 882-1441

3.5 a. SIC Code: 2821 | b. N/A | c.

3.6 Latitude: Deg. 30 Min. 11 Sec. 30 | Longitude: Deg. 93 Min. 17 Sec. 50

3.7 Dun & Bradstreet Number(s): a. N/A | b. N/A

3.8 EPA Identification Number (RCRA I.D. No.): a. LAD040331205 | b. N/A

3.9 NPDES Permit Number(s): a. LA0041025 | b. N/A

3.10 Name of Receiving Stream(s) or Water Body(s):
a. BAYOU D'INDE
b. N/A
c.

3.11 Underground Injection Well Code (UIC) Identification No.: N/A

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: CERTAINTEED CORPORATION P. O. BOX 860 VALLEY FORGE, PA 19482

4.2 Parent Company's Dun & Bradstreet No.: 01-231-8216

CTL016319

(This space for EPA use only.)

EPA FORM R

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

1. PUBLICLY OWNED TREATMENT WORKS (POTW)

Facility Name: N/A

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.):

Facility Name: N/A

Street Address:

City: | County:

State: | Zip:

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

☐ Other off-site location

EPA Identification Number (RCRA ID. No.):

Facility Name: N/A

Street Address:

City: | County:

State: | Zip:

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

☐ Other off-site location

EPA Identification Number (RCRA ID. No.):

Facility Name: N/A

Street Address:

City: | County:

State: | Zip:

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

CTL016320

☐ Check if additional pages of Part II are attached.

(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 # 0 0 1 3 1 0 - 7 3 - 2 (Use leading zeros if CAS number does not fill space provided.)

1.3 Chemical or Chemical Category Name: SODIUM HYDROXIDE (SOLUTION)

1.4 Generic Chemical Name (Complete only if 1.1 is checked.)

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

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

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

3.1 Manufacture: a. ☐ Produce b. ☐ Import c. ☐ For on-site use/processing d. ☐ For sale/ distribution e. ☐ As a byproduct f. ☐ As an impurity

3.2 Process: a. ☒ As a reactant b. ☐ As a formulation component c. ☐ As an article component d. ☐ Repackaging only

Otherwise Used: a. ☐ As a chemical processing aid b. ☐ As a manufacturing aid c. ☐ Ancillary or other use

4. MAXIMUM AMOUNT OF THE CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR

0 4 (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) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	5.1a				N/A	5.1b ☐	
5.2 Stack or point air emissions	5.2a				N/A	5.2b ☐	
5.3 Discharges to water 5.3.1 [a] (Enter letter code from Part I Section 3.10 for streams(s).)	5.3.1a				4,200	5.3.1b ☐	5.3.1c
5.3.2 ☐	5.3.2a				N/A	5.3.2b ☐	5.3.2c
5.3.3 ☐	5.3.3a				N/A	5.3.3b ☐	5.3.3c
5.4 Underground injection	5.4a				N/A	5.4b ☐	
5.5 Releases to land 5.5.1 (enter code)	5.5.1a				N/A	5.5.1b ☐	
5.5.2 (enter code)	5.5.2a				N/A	5.5.2b ☐	
5.5.3 (enter code)	5.5.3a				N/A	5.5.3b ☐	

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

CTL016321

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 lbs by checking ranges under A.1.	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0	1-499	500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/ Disposal (enter code)
6.1 Discharge to POTW				N/A	6.1b	
6.2 Other off-site location (Enter block number from Part II, Section 2.)				N/A	6.2b	6.2c
6.3 Other off-site location (Enter block number from Part II, Section 2.)				N/A	6.3b	6.3c
6.4 Other off-site location (Enter block number from Part II, Section 2.)				N/A	6.4b	6.4c

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

7. WASTE TREATMENT METHODS AND EFFICIENCY

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
7.1a W	7.1b C 1 1	7.1c 1	7.1d ☐	7.1e 99%	7.1f ☐	X
7.2a ☐	7.2b	7.2c ☐	7.2d ☐	7.2e %	7.2f ☐	☐
7.3a ☐	7.3b	7.3c ☐	7.3d ☐	7.3e %	7.3f ☐	☐
7.4a ☐	7.4b	7.4c ☐	7.4d ☐	7.4e %	7.4f ☐	☐
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: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for action (enter code)
☐☐	_____	_____	_____ %	☐☐	☐☐

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		
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)	A.1 Reporting Ranges 0	1-499	500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code)
5.5___ ☐☐☐ (enter code)	5.5___a					5.5___b ☐
.5___ ☐☐☐ (enter code)	5.5___a					5.5___b ☐
5.5___ ☐☐☐ (enter code)	5.5___a					5.5___b ☐

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

	A.Total Transfers (lbs/yr)	A.1 Reporting Ranges 0	1-499	500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/ Disposal (enter code)
6.___ Discharge to POTW	6.___a					6.___b ☐	
6.___ Other off-site location (Enter block number from Part II, Section 2.) ☐	6.___a					6.___b ☐	6.___c. ☐☐☐
6.___ Other off-site location (Enter block number from Part II, Section 2.) ☐	6.___a					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.___a ☐	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 ☐	☐

CTL016323