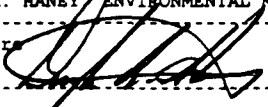


|                                                                                                 |                                                                                                                                                                         |                                                                 |                                                                                   |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| EPA<br>United States<br>Environmental<br>Protection<br>Agency                                   | FORM R<br>Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,<br>also known as Title III of the Superfund Amendments and Reauthorization Act | TOXIC CHEMICAL RELEASE<br>INVENTORY REPORTING FORM              | TRI FACILITY ID NUMBER<br>70765THDWCHIGHW<br>Chem., Cat., or Gen. Name<br>BENZENE |
| WHERE TO SEND<br>COMPLETED FORMS:                                                               | 1. EPCRA Reporting Center<br>P O. Box 3348<br>Merrifield, VA 22116-3348<br>ATTN: TOXIC CHEMICAL RELEASE INVENTORY                                                       | 2. APPROPRIATE STATE OFFICE<br>(See instructions in Appendix F) | Enter "X" here if<br>this is a revision                                           |
| IMPORTANT: See instructions to determine when "Not<br>Applicable (NA)" boxes should be checked. |                                                                                                                                                                         |                                                                 | For EPA use only                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--|
| PART I. FACILITY IDENTIFICATION INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |  |
| SECTION 1.<br>REPORTING<br>YEAR<br>1995                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Section 2. TRADE SECRET INFORMATION<br>2.1 Are you claiming the toxic chemical identified on page 3 trade secret?<br><input type="checkbox"/> Yes (Answer question 2.2;<br>Attach substantiation forms) <input checked="" type="checkbox"/> No (Do not answer 2.2;<br>Go to Section 3)<br>2.2 If yes in 2.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized |                                           |  |
| SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)<br>I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted<br>information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using<br>data available to the preparers of this report.<br>Name and official title of owner/operator or senior management official<br>DOYLE A. HANEY ENVIRONMENTAL MANAGER<br>Signature  Date Signed 06/27/96 |                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |  |
| SECTION 4. FACILITY IDENTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |  |
| Facility or Establishment Name<br>THE DOW CHEMICAL COMPANY LOUISIANA DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                    | TRI Facility ID Number<br>70765THDWCHIGHW |  |
| Street Address<br>HIGHWAY 1 SOUTH; P.O. BOX 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |  |
| City<br>PLAQUEMINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                    | County<br>IBERVILLE/WBR PARISH            |  |
| State<br>LA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | Zip Code<br>70765-0150                    |  |
| Mailing Address (if different from street address)<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                    | PUT LABEL HERE                            |  |
| City<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |  |
| State<br>LA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |  |
| Zip Code<br>70765-0150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |  |

|                                                               |                                                                          |                           |
|---------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------|
| EPA<br>United States<br>Environmental<br>Protection<br>Agency | EPA FORM R<br>PART I. FACILITY IDENTIFICATION<br>INFORMATION (CONTINUED) | TRI FACILITY ID NUMBER    |
|                                                               |                                                                          | 70765THDWCHIGHW           |
|                                                               |                                                                          | Chem., Cat., or Gen. Name |
|                                                               |                                                                          | BENZENE                   |

## 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 |              | c. <input type="checkbox"/> Federal Facility |  |
| 4.3  | Technical Contact                                                    | Name<br>DOYLE A. HANEY | Telephone Number (include area code)<br>(504) 353-6128    |         |                                                |              |                                              |  |
| 4.4  | Public Contact                                                       | Name<br>GERRY DAIGRE   | Telephone Number (include area code)<br>(504) 353-1602    |         |                                                |              |                                              |  |
| 4.5  | SIC Code<br>(4-digit)                                                | a. 2812                | b. 2821                                                   | c. 2869 | d. NA                                          | e.           | f.                                           |  |
| 4.6  | Latitude                                                             | Latitude               |                                                           |         | Longitude                                      |              |                                              |  |
|      | and                                                                  | Degrees                | Minutes                                                   | Seconds | Degrees                                        | Minutes      | Seconds                                      |  |
|      | Longitude                                                            | 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) (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<br>United States<br>Environmental<br>Protection<br>Agency                                                    |                                                                                                                                     | EPA FORM R<br>PART II. CHEMICAL-SPECIFIC<br>INFORMATION                                                                                                                                                                                                                                                                                                   |  | TRI FACILITY ID NUMBER<br>70765THDWCHIGHW<br>Chem., Cat., or Gen. Name<br>BENZENE |  |
| 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.)<br>000071-43-2                         |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                   |  |
| 1.2                                                                                                              | Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)<br>BENZENE |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                   |  |
| 1.3                                                                                                              | Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes.")<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: Max. of 70 chars., including numbers, letters, spaces, and punct.)<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:                                                                                                     | If produce or import:<br>a. <input checked="" type="checkbox"/> Produce<br>b. <input type="checkbox"/> Import<br>c. <input checked="" type="checkbox"/> For on-site use/processing<br>d. <input checked="" 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<br>c. <input checked="" 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 checked="" type="checkbox"/> As a manufacturing aid<br>c. <input checked="" 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                                                                                                              | 08 (Enter two-digit code from instruction package.)                                                                                 |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                   |  |

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|--------------------------------------------------------|-------------------------------------------------------|---------------------------|
| EPA                                                    | EPA FORM R                                            | TRI FACILITY ID NUMBER    |
| United States<br>Environmental<br>Protection<br>Agency | PART II. CHEMICAL-SPECIFIC<br>INFORMATION (CONTINUED) | 70765THDWCHIGHW           |
|                                                        |                                                       | Chem., Cat., or Gen. Name |
|                                                        |                                                       | BENZENE                   |

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

|                                                                                    | A. Total Release (pounds/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 air<br>emissions [ ] NA                                  | 2240                                                                                  | E                                       |                         |
| 5.2 Stack or point air emissions [ ] NA                                            | 14270                                                                                 | O                                       |                         |
| 5.3 Discharges to receiving<br>streams or water bodies<br>(enter one name per box) |                                                                                       |                                         |                         |
| 5.3.1 Stream or Water Body Name<br>MISSISSIPPI RIVER                               | 4                                                                                     | M                                       | 000.00                  |
| 5.3.2 Stream or Water Body Name<br>NA                                              |                                                                                       |                                         |                         |
| 5.3.3 Stream or Water Body Name                                                    |                                                                                       |                                         |                         |
| 5.4 Underground injections<br>on-site [X] NA                                       | NA                                                                                    |                                         |                         |
| 5.5 Releases to land on-site                                                       |                                                                                       |                                         |                         |
| 5.5.1 Landfill [X] NA                                                              | NA                                                                                    |                                         |                         |
| 5.5.2 Land treatment/<br>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.

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|                                                        |                                                       |                           |
|--------------------------------------------------------|-------------------------------------------------------|---------------------------|
| EPA                                                    | EPA FORM R                                            | TRI FACILITY ID NUMBER    |
| United States<br>Environmental<br>Protection<br>Agency | PART II. CHEMICAL-SPECIFIC<br>INFORMATION (CONTINUED) | 70765THDWCHIGHW           |
|                                                        |                                                       | Chem., Cat., or Gen. Name |
|                                                        |                                                       | BENZENE                   |

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.1 POTW Name                                                    |          | 6.1.B.2 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.)

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

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|--------------------------------------------------------|--|-------------------------------------------------------|--|---------------------------|--|
| EPA                                                    |  | EPA FORM R                                            |  | TRI FACILITY ID NUMBER    |  |
| United States<br>Environmental<br>Protection<br>Agency |  | PART II. CHEMICAL-SPECIFIC<br>INFORMATION (CONTINUED) |  | 70765THDWCHIGHW           |  |
|                                                        |  |                                                       |  | Chem., Cat., or Gen. Name |  |
|                                                        |  |                                                       |  | BENZENE                   |  |

|                                                                    |  |                                      |  |                                                                                                 |  |
|--------------------------------------------------------------------|--|--------------------------------------|--|-------------------------------------------------------------------------------------------------|--|
| SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS                  |  |                                      |  |                                                                                                 |  |
| 6.2.1 Off-site EPA Identification Number (RCRA ID No.)             |  |                                      |  |                                                                                                 |  |
| NA                                                                 |  |                                      |  |                                                                                                 |  |
| Off-Site Location Name                                             |  |                                      |  |                                                                                                 |  |
| Street Address                                                     |  |                                      |  |                                                                                                 |  |
| City                                                               |  |                                      |  | County                                                                                          |  |
| State                                                              |  | Zip Code                             |  | Is location under control of reporting <input type="checkbox"/> YES <input type="checkbox"/> 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                  |  |                                      |  |                                                                                                 |  |
| 6.2.2 Off-site EPA Identification Number (RCRA ID No.)             |  |                                      |  |                                                                                                 |  |
| NA                                                                 |  |                                      |  |                                                                                                 |  |
| Off-Site Location Name                                             |  |                                      |  |                                                                                                 |  |
| Street Address                                                     |  |                                      |  |                                                                                                 |  |
| City                                                               |  |                                      |  | County                                                                                          |  |
| State                                                              |  | Zip Code                             |  | Is location under control of reporting <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> and indicate which Part II, Sections 6.2 page this is, here. [1]<br>(example: 1,2,3,etc.) |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|

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|---------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| EPA<br>United States<br>Environmental<br>Protection<br>Agency | EPA FORM R<br>PART II. CHEMICAL-SPECIFIC<br>INFORMATION (CONTINUED) | TRI FACILITY ID NUMBER<br>70765THDWCHIGHW<br>Chem., Cat., or Gen. Name<br>BENZENE |
|---------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|

## Section 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site treatment is applied to any waste stream containing the toxic chemical or chemical category.

| a. General Waste Stream (enter code) | b. Waste Treatment Method(s) Sequence (enter 3-character code(s)) | c. Range of Influent Concentration | d. Treatment Efficiency Estimate | e. Based on Operating Data? |
|--------------------------------------|-------------------------------------------------------------------|------------------------------------|----------------------------------|-----------------------------|
| 7A.1a                                | 7A.1b                                                             | 7A.1c                              | 7A.1d                            | 7A.1e                       |
| A                                    | 1   P21   2   NA                                                  | 1                                  | 098.00 %                         | Yes      No                 |
|                                      | 3        4        5                                               |                                    |                                  | [    ]    [ X ]             |
|                                      | 6        7        8                                               |                                    |                                  |                             |
|                                      |                                                                   |                                    |                                  |                             |
| 7A.2a                                | 7A.2b                                                             | 7A.2c                              | 7A.2d                            | 7A.2e                       |
| A                                    | 1   A02   2   NA                                                  | 3                                  | 065.00 %                         | Yes      No                 |
|                                      | 3        4        5                                               |                                    |                                  | [    ]    [ X ]             |
|                                      | 6        7        8                                               |                                    |                                  |                             |
|                                      |                                                                   |                                    |                                  |                             |
| 7A.3a                                | 7A.3b                                                             | 7A.3c                              | 7A.3d                            | 7A.3e                       |
| A                                    | 1   A02   2   NA                                                  | 3                                  | 025.00 %                         | Yes      No                 |
|                                      | 3        4        5                                               |                                    |                                  | [    ]    [ X ]             |
|                                      | 6        7        8                                               |                                    |                                  |                             |
|                                      |                                                                   |                                    |                                  |                             |
| 7A.4a                                | 7A.4b                                                             | 7A.4c                              | 7A.4d                            | 7A.4e                       |
| W                                    | 1   P11   2   NA                                                  | 3                                  | 000.00 %                         | Yes      No                 |
|                                      | 3        4        5                                               |                                    |                                  | [    ]    [ X ]             |
|                                      | 6        7        8                                               |                                    |                                  |                             |
|                                      |                                                                   |                                    |                                  |                             |
| 7A.5a                                | 7A.5b                                                             | 7A.5c                              | 7A.5d                            | 7A.5e                       |
| W                                    | 1   B11   2   NA                                                  | 3                                  | 095.00 %                         | Yes      No                 |
|                                      | 3        4        5                                               |                                    |                                  | [    ]    [ X ]             |
|                                      | 6        7        8                                               |                                    |                                  |                             |
|                                      |                                                                   |                                    |                                  |                             |

If additional pages are attached, indicate the total number of pages in this box [3] and indicate which page this is, here [1].

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| EPA                                                    | EPA FORM R                                            | TRI FACILITY ID NUMBER    |
| United States<br>Environmental<br>Protection<br>Agency | PART II. CHEMICAL-SPECIFIC<br>INFORMATION (CONTINUED) | 70765THDWCHIGHW           |
|                                                        |                                                       | Chem., Cat., or Gen. Name |
|                                                        |                                                       | BENZENE                   |

## Section 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site treatment is applied to any waste stream containing the toxic chemical or chemical category.

| a. General Waste Stream (enter code) | b. Waste Treatment Method(s) Sequence [enter 3-character code(s)] | c. Range of Influent Concentration | d. Treatment Efficiency Estimate | e. Based on Operating Data? |
|--------------------------------------|-------------------------------------------------------------------|------------------------------------|----------------------------------|-----------------------------|
| 7A.1a                                | 7A.1b                                                             | 7A.1c                              | 7A.1d                            | 7A.1e                       |
| S                                    | 1 F11 2 NA<br>3 4 5<br>6 7 8                                      | 2                                  | 099.99 %                         | Yes No<br>[ X ] [ ]         |
| 7A.2a                                | 7A.2b                                                             | 7A.2c                              | 7A.2d                            | 7A.2e                       |
| L                                    | 1 F11 2 NA<br>3 4 5<br>6 7 8                                      | 2                                  | 099.99 %                         | Yes No<br>[ X ] [ ]         |
| 7A.3a                                | 7A.3b                                                             | 7A.3c                              | 7A.3d                            | 7A.3e                       |
| A                                    | 1 A07 2 NA<br>3 4 5<br>6 7 8                                      | 2                                  | 095.00 %                         | Yes No<br>[ ] [ X ]         |
| 7A.4a                                | 7A.4b                                                             | 7A.4c                              | 7A.4d                            | 7A.4e                       |
| A                                    | 1 F99 2 NA<br>3 4 5<br>6 7 8                                      | 2                                  | 099.90 %                         | Yes No<br>[ X ] [ ]         |
| 7A.5a                                | 7A.5b                                                             | 7A.5c                              | 7A.5d                            | 7A.5e                       |
| A                                    | 1 A01 2 NA<br>3 4 5<br>6 7 8                                      | 2                                  | 099.99 %                         | Yes No<br>[ ] [ X ]         |

If additional pages are attached, indicate the total number of pages in this box [3] and indicate which page this is, here [2].

|                                                               |                                                                     |                                                                                   |
|---------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| EPA<br>United States<br>Environmental<br>Protection<br>Agency | EPA FORM R<br>PART II. CHEMICAL-SPECIFIC<br>INFORMATION (CONTINUED) | TRI FACILITY ID NUMBER<br>70765THDWCHIGHW<br>Chem., Cat., or Gen. Name<br>BENZENE |
|---------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|

## Section 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site treatment is applied to any waste stream containing the toxic chemical or chemical category.

| a. General Waste Stream (enter code) | b. Waste Treatment Method(s) Sequence [enter 3-character code(s)] | c. Range of Influent Concentration | d. Treatment Efficiency Estimate | e. Based on Operating Data? |
|--------------------------------------|-------------------------------------------------------------------|------------------------------------|----------------------------------|-----------------------------|
| 7A.1a                                | 7A.1b                                                             | 7A.1c                              | 7A.1d                            | 7A.1e                       |
| L                                    | 1 F99 2 A04<br>3 A03 4 C99 5 C11<br>6 NA 7 8                      | 2                                  | 099.99 %                         | Yes No<br>[ X ] [ ]         |
| W                                    | 1 P42 2 NA<br>3 4 5<br>6 7 8                                      | 3                                  | 099.00 %                         | Yes No<br>[ X ] [ ]         |
| W                                    | 1 P49 2 NA<br>3 4 5<br>6 7 8                                      | 3                                  | 099.00 %                         | Yes No<br>[ X ] [ ]         |
| NA                                   | 1 2<br>3 4 5<br>6 7 8                                             |                                    | %                                | Yes No<br>[ ] [ ]           |
| 7A.5a                                | 1 2<br>3 4 5<br>6 7 8                                             |                                    | %                                | Yes No<br>[ ] [ ]           |

If additional pages are attached, indicate the total number of pages in this box [3] and indicate which page this is, here [3].

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INFORMATION (CONTINUED)

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BENZENE

## 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 | U03 |

2 | NA |

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 | |

DO NOT CONFUSE  
CONFIDENTIAL

|                                                        |                                                       |                           |
|--------------------------------------------------------|-------------------------------------------------------|---------------------------|
| EPA                                                    | EPA FORM R                                            | TRI FACILITY ID NUMBER    |
| United States<br>Environmental<br>Protection<br>Agency | PART II. CHEMICAL-SPECIFIC<br>INFORMATION (CONTINUED) | 70765THDWCHIGHW           |
|                                                        |                                                       | Chem., Cat., or Gen. Name |
|                                                        |                                                       | BENZENE                   |

## Section 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

| All estimates can be reported<br>using up to two significant<br>figures.                                                                                                       | Column A<br>1994<br>(pounds/year)          | Column B<br>1995<br>(pounds/year) | Column C<br>1996<br>(pounds/year) | Column D<br>1997<br>(pounds/year) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| 8.1 Quantity released *                                                                                                                                                        | 49000                                      | 16500                             | 16500                             | 16500                             |
| 8.2 Quantity used for energy<br>recovery on-site                                                                                                                               | 0                                          | 661000                            | 661000                            | 661000                            |
| 8.3 Quantity used for energy<br>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                                                                                                                                                   | 29000                                      | 699000                            | 699000                            | 699000                            |
| 8.7 Quantity treated off-site                                                                                                                                                  | 0                                          | 0                                 | 0                                 | 0                                 |
| 8.8 Quantity released to the environment as a result of remedial actions,<br>catastrophic events, or one-time events not associated with<br>production processes (pounds/year) |                                            |                                   |                                   | 0                                 |
| 8.9 Production Ratio or Activity Index                                                                                                                                         |                                            |                                   |                                   | 0001.09                           |
| 8.10 Did your facility engage in any source reduction activities for this chemical during<br>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 NA                                                                                                                                                                      | a.                                         | b.                                | c.                                |                                   |
| 8.10.2                                                                                                                                                                         | a.                                         | b.                                | c.                                |                                   |
| 8.10.3                                                                                                                                                                         | a.                                         | b.                                | c.                                |                                   |
| 8.10.4                                                                                                                                                                         | a.                                         | b.                                | c.                                |                                   |
| 8.11 Is additional optional information on source reduction, recycling, or<br>pollution control activities included with this report? (Check one box)                          |                                            |                                   |                                   | YES NO<br>[ ] [X]                 |

\* 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.