(IMPC	ORTANT: Read instructions be	fore completing for	rm; type	or use fill-	and-pr	rint form) Approval	Expire	es: 10/31/20)14		Page 1 of
3	FPA			Т	ОХ	ICS RELE	ASE		ENTC	DRY	
United States Environmental Protection Agency			FORM A								
WHERE TO SEND COMPLETED FORMS: 1. TRI Data Pro			5					TRI Fa	cility ID Number		
		P. O. Box Fairfax, V	x 10163 VA 22038	3		(See instruc	tions in P	(ppendix E)			
This section only applies if you are revising or withdra previously submitted form, otherwise leave blank.			wing a Revision (Enter up to two code(s))	Withdrawa	al (Enter u	p to two code(s))		
IMPO	RTANT: See instructions to	o determine when	"Not Ap	plicable (NA)" k	oxes should be ch	ecked.				
		PART I.	FACILI	TY IDE	NTIFI	CATION INFORI	NATIO	N			
SECT	TION 1. REPORTING YEA	R	_								
SECT	ION 2. TRADE SECRET I										
2.1	Are you claiming the toxic chemical identified on page 2 as a trade secret? 1 Yes (Answer question 2.2; attach substantiation forms) No (Do not answer 2.2; go to Section 3) 2.2 Is this copy Sanitized (Answer only if "Yes" in 2.1)						nitized				
SECT	ION 3. CERTIFICATION	(Important: Re	ad and	sign aft	er cor	npleting all form	section	is.)			
40 CF	by certify that to the best of R 372.27(a), did not exceed 5 xceeding 1 million pounds do	i00 pounds for this r	reporting								
Name and official title of owner/operator or senior manageme			anageme	ent official: Signature:			Date signed:			ed:	
SECT	TION 4. FACILITY IDENTI	FICATION									
	Facility or Establishment Name				TRI Facility ID Number						
	Physical Street Address					Mailing Address (if different from physical street address)					
4.1											
	City/County/State/ZIP Code			City/State/ZIP Code				Country (Non-US)			
4.2	This report contains informa	tion for: (<u>Important</u>	on for: (Important: Check c or d if applicable) c. A Federal facility d. GOCO					000			
4.3	Technical Contact Name				Telephone Number				Number (i	nclude are	a code)
	Email Address										
4.4	Public Contact Name							Telephone	Number (i	nclude are	ea code)
	Email Address										
4.5	NAICS Code(s) (6 digits)	Primary									<i>c</i>
		a.	b.		1	С.	d.		e.		f.
4.6	Dun & Bradstreet Number(s) (9 digits)	a. b.									
SECT	ION 5. PARENT COMPAI		N								
	Name of U.S. Parent Comp		No U.S. Parent Company								
5.1	5.1 (for TRI Reporting purposes)			•						ing purposes)	
5.2 Parent Company's Dun & Bradstreet Number NA											

Form Approved OMB Number: 2025-0009

EPA Form 9350 -2 (Rev. 10/2011) - Previous editions are obsolete.

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(inter on the first of the firs	instructions before com	picting form, type of t	

Form Approved OMB Number:	2025-0009
Expires: 10/31/2014	

(IMP	ORTANT: Read instructions before completing form; type or use fill-and-print form) Approval Expires: 10/31/2						
	EPA FORM A	TRI Facility ID Number					
	PART II. CHEMICAL IDENTIFICATION						
	Do not use this form for reporting PBT chemicals, including Dioxin and Dioxin-like Compounds*						
SEC	TION 1. TOXIC CHEMICAL IDENTITY Repor	t of					
	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code	e if reporting a chemical category.)					
1.1							
	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section	313 list)					
1.2		5.5.150					
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)						
SEC	TION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section	on 1 above)					
	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters,	spaces, and punctuation.)					
2.1							
SEC	I TION 1. TOXIC CHEMICAL IDENTITY Repor	t of					
	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code	e if reporting a chemical category.)					
1.1							
	Tauis Chamical au Chamical Cotoman. Name (Important, Enter only and none augeth on it appared on the Costian	212 list)					
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section	313 list.)					
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be	structurally descriptive.)					
SEC	TION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Secti	on 1 above)					
	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters,	spaces, and punctuation.)					
2.1							
SEC	I TION 1. TOXIC CHEMICAL IDENTITY Repor	tof					
	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code						
1.1	CAS Number (important. Enter only one number exactly as it appears on the section 515 list. Enter category cour						
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section	313 list.)					
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be	structurally descriptive.)					
1.5							
SEC	FION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Secti	on 1 above)					
	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)						
2.1							
SEC.	TION 1. TOXIC CHEMICAL IDENTITY Repor	tof					
JLC							
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code	e il reporting a chemical category.)					
ļ							
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section	313 list.)					
Ľ							
	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be	structurally descriptive.)					
1.3							
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)							
<u> </u>	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters,						
2.1	concre energies numer rovided by supplier (important, maximum or yo characters, including fulfibers, letters,						
1							

*See the TRI Reporting Forms and Instructions manual for the list of PBT Chemicals (including Dioxin and Dioxin-like Compounds)