Page 1 of

<b>\$</b>	United States Environmental Protection Agency

\$	United State Environmen	_	tection	n Agency	•	OXIC	СПЕ	FORM A	SE INV	ENIO	Κĭ			
WHE	RE TO SEND COMI	PLETED I	FORMS:	P.O Box 15 <sup>-</sup> Lanham, MI	13 D 20703	3-1513		APPROPRIATE S (See instructions in	_		Fo	Enter "X" here if t is a revision or EPA use only	his	
Imp	ortant: See ir	struct	ions t	o determine	whe	n "No	ot Ap	plicable (NA)	)" boxe	s sho	uld	be checked		
			PA	RT I. FACI	LITY	IDE	NTIF	ICATION IN	FORM	ATIO	N			
SEC	TION 1. REPO	RTING	YEAR	₹										
SEC	TION 2. TRAD	E SEC	RET IN	NFORMATION										
2.1	Are you claiming the Yes (Answe Attach s		2.2;	No (	Do not a	ecret? answer ection 3)		2.2 Is this co (Answer	py only if "YE		Sanitii )	zed U	nsaniti	zed
SEC	TION 3. CERT	IFICAT	ION (	(Important: F	ead a	and si	gn af	ter completin	g all for	m sec	tior	ns.)		
amou manu	by certify that to the int as defined in 40 C factured, processed,	OFR 372.2 or otherw	7 (a), did	d not exceed 500 p	ounds t	for this i	reportin	g year and that the	chemical v	was ar.	able			0: 1
iname	and official title of o	wner/oper	ator or s	enior managemen	опісіаі	-			Signatur	ə: 			Dat	e Signed:
SEC	TION 4. FACIL	ITV ID	FNTIF	ICATION										
4.1	TION 4. TACIL			ICATION			TRLF	acility ID Number						
	y or Establishment Nar	me					Facility or Establishment Name or Mailing Address(if different from street address)							
Street							Mailing	g Address						
City/C	ounty/State/Zip Code						City/St	tate/Zip Code	Τ				Counti	y (Non-US)
	,	1						·						· · · · · ·
4.2	This report contain	ns informa	tion for:	(Important : che	ck c or	d if app	licable)		с.		Fede cility	eral d.	GOC	0
4.3	Technical Contact	Name								-	ГеІер	hone Number (includ	e area o	code)
	Email Address													
4.4	Intentionally left bla	ank												
4.5	SIC Code (s) (4 di	gits)		Primary	-							_		
		Dea	rees	a. Minutes	b.	Secor	nds	C.	d.	egrees		e. Minutes	f.	Seconds
4.6	Latitude							Longitude						
4.7	Dun & Bradstreet Number(s) (9 digit	s)	<b>4.8</b> (F	PA Identification NRCRA I.D. No.) (12			4.9	Facility NPDES Po Number(s) (9 chair		4.10		derground Injection C) I.D. Number(s) (		
a. b.			<u>a.</u> b.				a. b.			a. b.				
SEC	TION 5. PARE	NT CO	MPAN	Y INFORMAT	ION					_				
5.1	Name of Parent Co	ompany		NA D										
5.2	Parent Company's	Dun & Bı	adstreet	 t Number	NA									

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	EPA FORM A
PART II.	CHEMICAL IDENTIFICATION

	PART II. CHEMICAL IDENTIFICATION TRIFID:		
	Do not use this form for reporting PBT chemicals including Dioxin and Dioxin-like Compounds*		
SECTION	ON 1. TOXIC CHEMICAL IDENTITY	Report _	_of
	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)		<del>_</del>
1.1			
	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)		
1.2			
	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)		
1.3			
SECTIO	ON 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section	1 above.)	
	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)		
2.1			
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1.1		Report _	_of
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