EPA Region 5 Records Ctr.
264196

Form Approved OMB No.: 2070-0093
Approval Expires: 01/91

(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: Ralph W. Grandle

Signature: Ralph W. Grandle

Date signed: July 1, 1988

3. FACILITY IDENTIFICATION

3.1	Facility or Establishment Name: Tricon Industries, Inc.	
	Street Address: 2325 Wisconsin Avenue	
	City: Downers Grove	County: Du Page
	State: Illinois	Zip Code: 60515-4076
3.2	This report contains information for: (check one) a. ☒ An entire covered facility. b. ☐ Part of a covered facility.	
3.3	Technical Contact: Frank Essig	Telephone Number (include area code): ( ) -
3.4	Public Contact: Ralph W. Grandle	Telephone Number (include area code): ( ) -
3.5	a. SIC Code: 3613	b. 2899	c. 3079
3.6	Latitude: Deg. 04 Min. 14 Sec. 30	Longitude: Deg. 08 Min. 02 Sec. 30
3.7	Dun & Bradstreet Number(s): a. 00-508-4124	b. 11-392-9749
3.8	EPA Identification Number (RCRA I.D. No.): a. ILD005084124	b. ILT180019879
3.9	NPDES Permit Number(s): a. NA	b. NA
3.10	Name of Receiving Stream(s) or Water Body(s): a. NA	
	b. NA	
	c. NA	
3.11	Underground Injection Well Code (UIC) Identification No.: NA	

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: NA
4.2	Parent Company's Dun & Bradstreet No.: NA

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

(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: Downers Grove Sanitary District	
Street Address: 2710 Curtiss Street	
City: Downers Grove	County: Du Page
State: Illinois	Zip: 60515-4052

2. OTHER OFF-SITE LOCATIONS - Number these locations sequentially on this and any additional page of this form you use.

1 Other off-site location

EPA Identification Number (RCRA ID. No.): INDD016360265

Facility Name: American Chemical Services	
Street Address: 420 South Colfax	
City: Griffith	County: Lake
State: Indiana	Zip: 46319-

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

2 Other off-site location

EPA Identification Number (RCRA ID. No.): IND980590947

Facility Name: Industrial Fuel	
Street Address: 604 South Scott Street	
City: South Bend	County: Cook
State: Indiana	Zip: 46624-

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

3 Other off-site location

EPA Identification Number (RCRA ID. No.): NA

Facility Name: Brush-Wellman	
Street Address: South River Road	
City: Cleveland	County:
State: Ohio	Zip: 43416-

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

☒ 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 1 2 7 - 1 8 - 4 (Use leading zeros if CAS number does not fill space provided.)

1.3 Chemical or Chemical Category Name: Tetrachloroethylene (Perchloroethylene)

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

3.3 Otherwise Used: a. [ ] As a chemical processing aid b. [ ] As a manufacturing aid c. [X] Ancillary or other use

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

0 3 (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		X			5.1b 0	
5.2 Stack or point air emissions	5.2a				10,742	5.2b 0	
5.3 Discharges to water (Enter letter code from Part I Section 3.10 for streams(s).) 5.3.1 [ ]	5.3.1a				NA	5.3.1b [ ]	5.3.1c
5.3.2 [ ]	5.3.2a				NA	5.3.2b [ ]	5.3.2c
5.3.3 [ ]	5.3.3a				NA	5.3.3b [ ]	5.3.3c
5.4 Underground injection	5.4a				NA	5.4b [ ]	
5.5 Releases to land 5.5.1 [ ] (enter code)	5.5.1a				NA	5.5.1b [ ]	
5.5.2 [ ] (enter code)	5.5.2a				NA	5.5.2b [ ]	
5.5.3 [ ] (enter code)	5.5.3a				NA	5.5.3b [ ]	

[ ] (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	X				6.1b ☐	
6.2 Other off-site location (Enter block number from Part II, Section 2.) ☐				NA	6.2b ☐	6.2c ☐☐☐
6.3 Other off-site location (Enter block number from Part II, Section 2.) ☐				NA	6.3b ☐	6.3c ☐☐☐
6.4 Other off-site location (Enter block number from Part II, Section 2.) ☐				NA	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 NA	7.1b ☐☐☐	7.1c ☐	7.1d ☐	7.1e %	7.1f ☐	☐
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)
☐☐	_____	_____	_____ %	☐☐	☐☐

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

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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).

ADDITIONAL INFORMATION ON FACILITY IDENTIFICATION (Part I - Section 3)

3.5	SIC Code	
3.7	Dun & Bradstreet Number(s) 0 0 - 0 7 0 - 6 0 5 1	- -
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
5.5___ (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	
7.___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	

Form Approved OMB No.: 2070-0093
Approval Expires: 01/91
Page 1 of 5

(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: 1988

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: Ralph W. Grandle

Signature: Ralph W. Grandle

Date signed: 11/10/89

3. FACILITY IDENTIFICATION

3.1 Facility or Establishment Name: Tricon Industries, Inc.
Street Address: 2325 Wisconsin Avenue
City: Downers Grove
County: DuPage
State: Illinois
Zip Code: 60515-4076

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

3.3 Technical Contact: Frank Essig
Telephone Number (include area code): 708 964- 2330

3.4 Public Contact: Ralph W. Grandle
Telephone Number (include area code): 708 964- 2330

3.5 a. SIC Code: 3613 b. 2899 c. 3079

3.6 Latitude: Deg. 04 Min. 47 Sec. 30
Longitude: Deg. 08 Min. 02 Sec. 30

3.7 Dun & Bradstreet Number(s): a. 00-508-4124 b. 11-392-9749

3.8 EPA Identification Number (RCRA I.D. No.): a. ILD005084124 b. ILT180019879

3.9 NPDES Permit Number(s): a. NA b. NA

3.10 Name of Receiving Stream(s) or Water Body(s):
a. NA
b. NA
c. NA

3.11 Underground Injection Well Code (UIC) Identification No.: NA

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: NA

4.2 Parent Company's Dun & Bradstreet No.: NA

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

(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: Downers Grove Sanitary District

Street Address: 2710 Curtiss Street

City: Downers Grove | County: Du Page

State: Illinois | Zip: 60515-4052

2. OTHER OFF-SITE LOCATIONS - Number these locations sequentially on this and any additional page of this form you use.

1 Other off-site location

EPA Identification Number (RCRA ID. No.): IND016361625

Facility Name: American Chemical Services

Street Address: 420 South Colfax

City: Griffith | County: Lake

State: Indiana | Zip: 46319-

Is location under control of reporting facility or parent company? [ ] Yes [X] No

2 Other off-site location

EPA Identification Number (RCRA ID. No.): IND980590947

Facility Name: Industrial Fuel

Street Address: 604 South Scott Street

City: South Bend | County: Cook

State: Indiana | Zip: 46624-

Is location under control of reporting facility or parent company? [ ] Yes [X] No

3 Other off-site location

EPA Identification Number (RCRA ID. No.): NA

Facility Name: Brush-Wellman

Street Address: South River Road

City: Cleveland | County:

State: Ohio | Zip: 43416-

Is location under control of reporting facility or parent company? [ ] Yes [X] No

[X] Check if additional pages of Part II are attached.

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

(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

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.

[4] Other off-site location

EPA Identification Number (RCRA ID. No.) N A

Facility Name: Dulin Metals Company

Street Address: 2250 Pratt Blvd.

City: Elk Grove | County: Cook

State: Illinois | Zip: 60007

Is location under control of reporting facility or parent company? [ ] Yes [X] No

[ ] Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

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

Street Address

City | County

State | Zip

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

[ ] Check if additional pages of Part II are attached.

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

(This space for EPA use only.)

EPA FORM R
PART III. CHEMICAL SPECIFIC INFORMATION

I. 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 1 2 7 - 1 8 - 4 (Use leading zeros if CAS number does not fill space provided.)

1.3 Chemical or Chemical Category Name
Tetrachloroethylene (Perchloroethylene)

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

3.3 Otherwise Used: a. [ ] As a chemical processing aid b. [ ] As a manufacturing aid c. [X] Ancillary or other use

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

0 3 (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		X			5.1b O	
5.2 Stack or point air emissions	5.2a				9,862	5.2b D	
5.3 Discharges to water (Enter letter code from Part I Section 3.10 for stream(s).) 5.3.1 [ ]	5.3.1a				NA	5.3.1b [ ]	5.3.1c
5.3.2 [ ]	5.3.2a				NA	5.3.2b [ ]	5.3.2c
5.3.3 [ ]	5.3.3a				NA	5.3.3b [ ]	5.3.3c
5.4 Underground injection	5.4a				NA	5.4b [ ]	
5.5 Releases to land 5.5.1 [ ] (enter code)	5.5.1a				NA	5.5.1b [ ]	
5.5.2 [ ] (enter code)	5.5.2a				NA	5.5.2b [ ]	
5.5.3 [ ] (enter code)	5.5.3a				NA	5.5.3b [ ]	

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

EPA Form 9350-1 (1-88)

EPA FORM R, Part III (Continued)

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	X				6.1b	
6.2 Other off-site location (Enter block number from Part II, Section 2.)				NA	6.2b	6.2c
6.3 Other off-site location (Enter block number from Part II, Section 2.)				NA	6.3b	6.3c
6.4 Other off-site location (Enter block number from Part II, Section 2.)				NA	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 A 0 2	7.1c 3	7.1d	7.1e 85 %	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)	% change	C. Index	D. Reason for action (enter code)
			%		

EPA Form 9350-1(1-88)

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

(This space for EPA use only.)

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).

ADDITIONAL INFORMATION ON FACILITY IDENTIFICATION (Part I - Section 3)

3.5	SIC Code	
3.7	Dun & Bradstreet Number(s) 010-070-6051	- -
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
5.5___ (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	
7.___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	

Form Approved OMB No.: 2070-0093
Approval Expires: 01/91

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

EPA U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

EPA FORM **R**

PART I. FACILITY IDENTIFICATION INFORMATION

(This space for your optional use.)

1.	1.1 Are you claiming the chemical identity on page 3 trade secret? [ ] Yes (Answer question 1.2; Attach substantiation forms.) [X] No (Do not answer 1.2; Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: [ ] Sanitized [ ] Unsanitized	1.3 Reporting Year 19 89

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: RALPH GRANDLE, EXECUTIVE VICE PRESIDENT

Signature: [signature] Date signed: 05/01/91

3. FACILITY IDENTIFICATION

3.1	Facility or Establishment Name: TRICON INDUSTRIES, INC.	
	Street Address: 2325 WISCONSIN AVE.	
	City: DOWNERS GROVE	County: DUPAGE
	State: IL	Zip Code: 60515
	TRI Facility Identification Number: 60515TRCNN2325W	
3.2	This report contains information for (Check only one): a. [X] An entire facility b. [ ] Part of a facility.	
3.3	Technical Contact: LARRY MCDANIEL	Telephone Number (include area code): 708/964-2330
3.4	Public Contact: RALPH GRANDLE	Telephone Number (include area code): 708/964-2330
3.5	SIC Code (4 digit) a. 3679 b. NA c. d. e. f.	
3.6	Latitude: Degrees 041, Minutes 47, Seconds 30	Longitude: Degrees 088, Minutes 02, Seconds 30
3.7	Dun & Bradstreet Number(s) a. 00-508-4124	b. NA
3.8	EPA Identification Number(s) (RCRA I.D. No.) a. ILD005084124	b. NA
3.9	NPDES Permit Number(s) a. NA	b.
3.10	Receiving Streams or Water Bodies (enter one name per box) a. NA	b.
	c.	d.
	e.	f.
3.11	Underground Injection Well Code (UIC) Identification Number(s) a. NA	b. NA

WHERE TO SEND COMPLETED FORMS:

1. EPCRA REPORTING CENTER
   P.O. BOX 23779
   WASHINGTON, DC 20026-3779
   ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions in Appendix G)

4. PARENT COMPANY INFORMATION

4.1	Name of Parent Company: NA	4.2	Parent Company's Dun & Bradstreet Number: NA

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

EPA

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

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name		1.2 POTW name	
DOWNERS GROVE SANITARY DISTRICT		NA	
Street Address: 2710 CURTISS STREET		Street Address:	
City: DOWNERS GROVE	County: DUPAGE	City:	County:
State: IL	Zip: 60515	State:	Zip:

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name		2.2 Off-site location name	
NA			
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [ ] Yes [ ] No		Is location under control of reporting facility or parent company? [ ] Yes [ ] No	

2.3 Off-site location name		2.4 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [ ] Yes [ ] No		Is location under control of reporting facility or parent company? [ ] Yes [ ] No	

2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [ ] Yes [ ] No		Is location under control of reporting facility or parent company? [ ] Yes [ ] No	

[ ] Check if additional pages of Part II are attached. How many? _____

EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	[Reserved]
1.2	CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 000127184
1.3	Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.) TETRACHLOROETHYLENE
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.) NA

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

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

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

3.1	Manufacture the chemical:	a. [ ] Produce b. [ ] Import	If produce or import: c. [ ] For on-site use/processing e. [ ] As a byproduct	d. [ ] For sale/distribution f. [ ] As an impurity
3.2	Process the chemical:	a. [ ] As a reactant d. [ ] Repackaging only	b. [ ] As a formulation component	c. [ ] As an article component
3.3	Otherwise use the chemical:	a. [ ] As a chemical processing aid	b. [ ] As a manufacturing aid	c. [X] Ancillary or other use

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

[ ] (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)		A. Total Release (pounds/year) A.1 Reporting Ranges 1-10 / 11-499 / 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	[ ] [ ] [ ]	NA	5.1b NA	
5.2 Stack or point air emissions	5.2a	[ ] [ ] [ ]	00000017000	5.2b 0	
5.3 Discharges to receiving streams or water bodies — 5.3.1 A	5.3.1a	[ ] [ ] [ ]	NA	5.3.1b NA	5.3.1c 00 %
(Enter letter code for stream from Part I Section 3.10 in the box provided.) 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 on-site	5.4a	[ ] [ ] [ ]	NA	5.4b NA	
5.5 Releases to land on-site — 5.5.1 Landfill	5.5.1a	[ ] [ ] [ ]	NA	5.5.1b NA	
5.5.2 Land treatment/application farming	5.5.2a	[ ] [ ] [ ]	NA	5.5.2b NA	
5.5.3 Surface impoundment	5.5.3a	[ ] [ ] [ ]	NA	5.5.3b NA	
5.5.4 Other disposal	5.5.4a	[ ] [ ] [ ]	NA	5.5.4b NA	

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

EPA

EPA FORM R

PART III. CHEMICAL-SPECIFIC INFORMATION (continued)

(This space for your optional use.)

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

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year) A.1 Reporting Ranges 1-10	11-499	500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/ Disposal (enter code)
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) 1 . 01	[X]	[ ]	[ ]	NA	6.1.1b 0	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) 2 . 01	[ ]	[ ]	[ ]	NA	6.2.1b NA	6.2.1c M
6.2.2 Other off-site location (enter location number from Part II, Section 2.) 2 .	[ ]	[ ]	[ ]		6.2.2b	6.2.2c M
6.2.3 Other off-site location (enter location number from Part II, Section 2.) 2 .	[ ]	[ ]	[ ]		6.2.3b	6.2.3c M

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

7. WASTE TREATMENT METHODS AND EFFICIENCY

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

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 A 0 2	7.1c 3	7.1d [ ]	7.1e 085 %	7.1f [ ]	[X]
7.2a	7.2b N A	7.2c NA	7.2d [ ]	7.2e 00 %	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 [ ]	[ ]

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

8. POLLUTION PREVENTION: 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 Wastes Prior to Treatment or Disposal: Current reporting year (pounds/year)	Prior year (pounds/year)	Or percent change (Check (+) or (-))	C. Index	D. Reason for Action (enter code)
M			[ ] + [ ] - %	.	R

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

EPA

EPA FORM R
PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III. Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)			A. Total Release (pounds/year) A.1 Reporting Ranges 1-10 / 11-499 / 500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C. % From Stormwater
5.3 Discharges to receiving streams or water bodies	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c %
(Enter letter code for stream from Part I Section 3.10 in the box provided.)	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c %
	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)		A. Total Transfers (pounds/year) A.1 Reporting Ranges 1-10 / 11-499 / 500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/ Disposal (enter code in box provided)
6.1.___	Discharge to POTW (enter location number from Part II, Section 1.) 1	[ ] [ ] [ ]		6.1.___b	
6.2.___	Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___	Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___	Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	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 [ ] [ ]
7.___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 [ ] [ ]
7.___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 [ ] [ ]
7.___a	7.___b	7.___c	7.___d [ ]	7.___e %	7.___f [ ] [ ]

Form Approved OMB No.: 2070-0093
Approval Expires: 01/91

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

EPA U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

EPA FORM R

PART I. FACILITY IDENTIFICATION INFORMATION

(This space for your optional use.)

1. 1.1 Are you claiming the chemical identity on page 3 trade secret?
[ ] Yes (Answer question 1.2; Attach substantiation forms.) [X] No (Do not answer 1.2; Go to question 1.3.)

1.2 If "Yes" in 1.1, is this copy: [ ] Sanitized [ ] Unsanitized

1.3 Reporting Year 19 90

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
RALPH GRANDLE, EXECUTIVE VICE PRESIDENT

Signature: Ralph Grandle

Date signed: 05/01/91

3. FACILITY IDENTIFICATION

3.1
Facility or Establishment Name: TRICON INDUSTRIES, INC.
Street Address: 2325 WISCONSIN AVE.
City: DOWNERS GROVE
County: DUPAGE
State: IL
Zip Code: 60515
TRI Facility Identification Number: 60515TRCNN2325W

WHERE TO SEND COMPLETED FORMS:

1. EPCRA REPORTING CENTER
   P.O. BOX 23779
   WASHINGTON, DC 20026-3779
   ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions in Appendix G)

3.2 This report contains information for (Check only one): a. [X] An entire facility b. [ ] Part of a facility.

3.3 Technical Contact: LARRY MCDANIEL — Telephone Number (include area code): 708/964-2330

3.4 Public Contact: RALPH GRANDLE — Telephone Number (include area code): 708/964-2330

3.5 SIC Code (4 digit): a. 3679 b. NA c. d. e. f.

3.6

	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
	041	47	30	088	02	30

3.7 Dun & Bradstreet Number(s): a. 00-508-4124 b. NA

3.8 EPA Identification Number(s) (RCRA I.D. No.): a. ILD005084124 b. NA

3.9 NPDES Permit Number(s): a. NA b.

3.10 Receiving Streams or Water Bodies (enter one name per box): a. NA b. c. d. e. f.

3.11 Underground Injection Well Code (UIC) Identification Number(s): a. NA b. NA

4. PARENT COMPANY INFORMATION

4.1 Name of Parent Company: NA

4.2 Parent Company's Dun & Bradstreet Number: NA

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

EPA

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

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name		1.2 POTW name	
DOWNERS GROVE SANITARY DISTRICT		NA	
Street Address: 2710 CURTISS STREET		Street Address:	
City: DOWNERS GROVE	County: DUPAGE	City:	County:
State: IL	Zip: 60515	State:	Zip:

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name		2.2 Off-site location name	
NA			
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [ ] Yes [ ] No		Is location under control of reporting facility or parent company? [ ] Yes [ ] No	

2.3 Off-site location name		2.4 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [ ] Yes [ ] No		Is location under control of reporting facility or parent company? [ ] Yes [ ] No	

2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company? [ ] Yes [ ] No		Is location under control of reporting facility or parent company? [ ] Yes [ ] No	

[ ] Check if additional pages of Part II are attached. How many? _____

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

EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	[Reserved]
1.2	CAS Number (Enter only one number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 000127184
1.3	Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 313 list.) TETRACHLOROETHYLENE
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.) NA

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

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

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

3.1	Manufacture the chemical:	a. [ ] Produce b. [ ] Import	If produce or import: c. [ ] For on-site use/processing e. [ ] As a byproduct	d. [ ] For sale/distribution f. [ ] As an impurity
3.2	Process the chemical:	a. [ ] As a reactant d. [ ] Repackaging only	b. [ ] As a formulation component	c. [ ] As an article component
3.3	Otherwise use the chemical:	a. [ ] As a chemical processing aid	b. [ ] As a manufacturing aid	c. [X] Ancillary or other use

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

[0][3] (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)		A. Total Release (pounds/year) A.1 Reporting Ranges 1-10 / 11-499 / 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	[ ] [ ] [ ]	NA	5.1b NA	
5.2 Stack or point air emissions	5.2a	[ ] [ ] [ ]	00000013464	5.2b 0	
5.3 Discharges to receiving streams or water bodies — 5.3.1 A	5.3.1a	[ ] [ ] [ ]	NA	5.3.1b NA	5.3.1c 00 %
(Enter letter code for stream from Part I Section 3.10 in the box provided.) 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 on-site	5.4a	[ ] [ ] [ ]	NA	5.4b NA	
5.5 Releases to land on-site — 5.5.1 Landfill	5.5.1a	[ ] [ ] [ ]	NA	5.5.1b NA	
5.5.2 Land treatment/application farming	5.5.2a	[ ] [ ] [ ]	NA	5.5.2b NA	
5.5.3 Surface impoundment	5.5.3a	[ ] [ ] [ ]	NA	5.5.3b NA	
5.5.4 Other disposal	5.5.4a	[ ] [ ] [ ]	NA	5.5.4b NA	

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

EPA

EPA FORM R

PART III. CHEMICAL-SPECIFIC INFORMATION (continued)

(This space for your optional use.)

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

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (pounds/year) A.1 Reporting Ranges 1-10	11-499	500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/ Disposal (enter code)
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) 1 . 01	[X]	[ ]	[ ]	NA	6.1.1b 0	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) 2 01	[ ]	[ ]	[ ]	NA	6.2.1b NA	6.2.1c M
6.2.2 Other off-site location (enter location number from Part II, Section 2.) 2 .	[ ]	[ ]	[ ]		6.2.2b	6.2.2c M
6.2.3 Other off-site location (enter location number from Part II, Section 2.) 2 .	[ ]	[ ]	[ ]		6.2.3b	6.2.3c M

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

7. WASTE TREATMENT METHODS AND EFFICIENCY

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

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 A 0 2	7.1c 3	7.1d [ ]	7.1e 085 %	7.1f [ ]	[X]
7.2a	7.2b N A	7.2c NA	7.2d [ ]	7.2e 00 %	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 [ ]	[ ]

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

8. POLLUTION PREVENTION: 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 Wastes Prior to Treatment or Disposal: Current reporting year (pounds/year)	Prior year (pounds/year)	Or percent change (Check (+) or (-))	C. Index	D. Reason for Action (enter code)
M			[ ] + [ ] - %	.	R

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

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EPA FORM R
PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III. Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)			A. Total Release (pounds/year) A.1 Reporting Ranges 1-10 / 11-499 / 500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C.% From Stormwater
5.3 Discharges to receiving streams or water bodies	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c %
(Enter letter code for stream from Part I Section 3.10 in the box provided.)	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c %
	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c %

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2)		A. Total Transfers (pounds/year) A.1 Reporting Ranges 1-10 / 11-499 / 500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/ Disposal (enter code in box provided)
6.1.___ Discharge to POTW (enter location number from Part II, Section 1.)	1	[ ] [ ] [ ]		6.1.___b	
6.2.___ Other off-site location (enter location number from Part II, Section 2.)	2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.)	2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.)	2	[ ] [ ] [ ]		6.2.___b	6.2.___c M

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	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 [ ] [ ]
7.___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 [ ] [ ]
7.___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 [ ] [ ]
7.___a	7.___b	7.___c	7.___d [ ]	7.___e %	7.___f [ ] [ ]

Form Approved OMB Number: 2070-0093
Approval Expires: 11/92

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FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

TRI FACILITY ID NUMBER: 60515TRCNN2325W

Toxic Chemical, Category, or Generic Name: TETRACHLOROETHYLENE

WHERE TO SEND COMPLETED FORMS:

1. EPCRA Reporting Center
P.O. Box 23779
Washington, DC 20026-3779
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

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

For EPA use only

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR

1991

SECTION 2. TRADE SECRET INFORMATION

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

[ ] Yes (Answer question 2.2; Attach substantiation forms)
[X] No (Do not answer 2.2; Go to Section 3)

2.2 If yes in 2.1, is this copy: [ ] Sanitized [ ] Unsanitized

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

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

Name and official title of owner/operator or senior management official: RALPH GRANDLE, EXECUTIVE VICE PRESIDENT

Signature:

Date Signed: 08/10/92

SECTION 4. FACILITY IDENTIFICATION

4.1

Facility or Establishment Name: TRICON INDUSTRIES

TRI Facility ID Number: 60515TRCNN2325W

Street Address: 2325 WISCONSIN AVE.

City: DOWNERS GROVE

County: DUPAGE

State: IL

Zip Code: 60515

Mailing Address (if different from street address): NA

City:

State:

Zip Code:

PUT LABEL HERE

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EPA FORM R
PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
60515TRCNN2325W
Toxic Chemical, Category, or Generic Name
TETRACHLOROETHYLENE

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check only one)	a. [X] An entire facility	b. [ ] Part of a facility
4.3	Technical Contact	Name: LARRY MCDANIEL	Telephone Number (Include area code): (708) 964-2330
4.4	Public Contact	Name: RALPH GRANDLE	Telephone Number (Include area code): (708) 964-2330

4.5	SIC Code (4-digit)	a. 3089	b. NA	c.	d.	e.	f.

		Latitude			Longitude		
4.6	Latitude and Longitude	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
		041	47	30	088	02	30

4.7	Dun & Bradstreet Number(s) (9 digits)	a.	005084124
		b.	
4.8	EPA Identification Number(s) (RCRA I.D.No.) (12 characters)	a.	ILD005084124
		b.	
4.9	Facility NPDES Permit Number(s) (9 characters)	a.	NA
		b.	
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	a.	NA
		b.	

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	[ ] NA NA
5.2	Parent Company's Dun & Bradstreet Number	[ ] NA (9 digits) NA

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EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER
60515TRCNN2325W
Toxic Chemical, Category, or Generic Name
TETRACHLOROETHYLENE

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	000127-18-4
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	TETRACHLOROETHYLENE
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

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

3.1	Manufacture the toxic chemical:	a. ☐ Produce b. ☐ Import	If produce or import: c. ☐ For on-site use/processing d. ☐ For sale/distribution e. ☐ As a byproduct f. ☐ As an impurity
3.2	Process the toxic chemical:	a. ☐ As a reactant b. ☐ As a formulation component	c. ☐ As an article component d. ☐ Repackaging
3.3	Otherwise use the toxic chemical:	a. ☐ As a chemical processing aid b. ☐ As a manufacturing aid	c. ☒ Ancillary or other use

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

4.1	03	(Enter two-digit code from instruction package.)

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EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER: 60515TRCNN2325W

Toxic Chemical, Category, or Generic Name: TETRACHLOROETHYLENE

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

			A. Total Release (lbs/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	☐ NA	NA		
5.2	Stack or point air emissions	☐ NA	10472	0	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1	Stream or Water Body Name: NA				. %
5.3.2	Stream or Water Body Name:				. %
5.3.3	Stream or Water Body Name:				. %
5.4	Underground injections on-site	☐ NA	NA		
5.5	Releases to land on-site				
5.5.1	Landfill	☐ NA	NA		
5.5.2	Land treatment/ application farming	☐ NA	NA		
5.5.3	Surface impoundment	☐ NA	NA		
5.5.4	Other disposal	☐ NA	NA		

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

Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds;

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EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
60515TRCNN2325W
Toxic Chemical, Category, or Generic Name
TETRACHLOROETHYLENE

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.01 POTW Name		6.1.B.02 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 01 **and indicate which Part II, Sections 5.3/6.1 page this is, here.** 1
(example: 1, 2, 3, etc.)

Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds

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EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER: 60515TRCNN2325W
Toxic Chemical, Category, or Generic Name: TETRACHLOROETHYLENE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.01 Off-site EPA Identification Number (RCRA ID No.): WID000808824

Off-Site Location Name: AVGANIC INDUSTRIES

Street Address: 114 N MAIN

City: COTTAGE GROVE

County: DANE

State: WI

Zip Code: 53527

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

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 2244	1. 0	1. M20
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.02 Off-site EPA Identification Number (RCRA ID No.):

Off-Site Location Name:

Street Address:

City:

County:

State:

Zip Code:

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

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ 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 01 and indicate which Part II, Section 6.2 page this is, here. 1 (example: 1, 2, 3, etc.)

Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds

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EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
60515TRCNN2325W
Toxic Chemical, Category, or Generic Name
TETRACHLOROETHYLENE

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

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

a. General Waste Stream (enter code)	b. Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.01a	7A.01b 1 2 3 4 5 6 7 8	7A.01c	7A.01d	7A.01e
NA			. %	Yes ☐ No ☐
7A.02a	7A.02b 1 2 3 4 5 6 7 8	7A.02c	7A.02d	7A.02e
			. %	Yes ☐ No ☐
7A.03a	7A.03b 1 2 3 4 5 6 7 8	7A.03c	7A.03d	7A.03e
			. %	Yes ☐ No ☐
7A.04a	7A.04b 1 2 3 4 5 6 7 8	7A.04c	7A.04d	7A.04e
			. %	Yes ☐ No ☐
7A.05a	7A.05b 1 2 3 4 5 6 7 8	7A.05c	7A.05d	7A.05e
			. %	Yes ☐ No ☐

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

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EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
60515TRCNN2325W
Toxic Chemical, Category, or Generic Name
TETRACHLOROETHYLENE

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

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

Energy Recovery Methods [enter 3-character code(s)]

1	2	3	4
NA			

SECTION 7C. ON-SITE RECYCLING PROCESSES

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

Recycling Methods [enter 3-character code(s)]

1	2	3	4	5
NA				
6	**7**	**8**	**9**	**10**

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EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
60515TRCNN2325W
Toxic Chemical, Category, or Generic Name
TETRACHLOROETHYLENE

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	All quantity estimates can be reported using up to two significant figures.	Column A 1990 (pounds/year)	Column B 1991 (pounds/year)	Column C 1992 (pounds/year)	Column D 1993 (pounds/year)
8.1	Quantity released *	13464	10472	9500	8500
8.2	Quantity used for energy recovery on-site	NA	NA	0	0
8.3	Quantity used for energy recovery off-site	NA	NA	0	0
8.4	Quantity recycled on-site	NA	NA	0	0
8.5	Quantity recycled off-site	NA	2244	3740	3740
8.6	Quantity treated on-site	NA	NA	0	0
8.7	Quantity treated off-site	NA	NA	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				NA
8.9	Production ratio or activity index				00.77

8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to identify Activity (enter codes)		
8.10.1	W71	T04	T10	NA
8.10.2				
8.10.3				
8.10.4				

8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)	YES ☐	NO ☒

* Report releases pursuant to EPCRA Section 329(8) 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.

Form Approved OMB Number: 2070-0093
Approval Expires: 11/92

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United States Environmental Protection Agency

FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

TRI FACILITY ID NUMBER: 60515TRCNN2325W

Toxic Chemical, Category, or Generic Name: TETRACHLOROETHYLENE

WHERE TO SEND COMPLETED FORMS:
1. EPCRA Reporting Center
P.O. BOX 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

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

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR

1992

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 3 trade secret?
[ ] Yes (Answer question 2.2; Attach substantiation forms)
[X] No (Do not answer 2.2; Go to Section 3)

2.2 If yes in 2.1, is this copy: [ ] Sanitized [ ] Unsanitized

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

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

Name and official title of owner/operator or senior management official: RALPH GRANDLE, EXECUTIVE VICE PRESIDENT

Signature: Ralph W Grandle

Date Signed: 04/07/93

SECTION 4. FACILITY IDENTIFICATION

4.1

Facility or Establishment Name: TRICON INDUSTRIES INC.

TRI Facility ID Number: 60515TRCNN2325W

Street Address: 2325 WISCONSIN AVENUE

City: DOWNERS GROVE

County: DUPAGE

State: IL

Zip Code: 60515

Mailing Address (if different from street address): NA

City:

State:

Zip Code:

PUT LABEL HERE

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PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
60515TRCNN2325W
Toxic Chemical, Category, or Generic Name
TETRACHLOROETHYLENE

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check only one)	a. [X] An entire facility	b. [ ] Part of a facility
4.3	Technical Contact	Name: LARRY MCDANIEL	Telephone Number (include area code): (708) 964-2330
4.4	Public Contact	Name: RALPH GRANDLE	Telephone Number (include area code): (708) 964-2330

4.5	SIC Code (4-digit)	a. 3089	b. NA	c.	d.	e.	f.

		Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
4.6	Latitude and Longitude	041	47	30	088	02	30

4.7	Dun & Bradstreet Number(s) (9 digits)	a.	005084124
		b.	NA
4.8	EPA Identification Number(s) (RCRA I.D.No.) (12 characters)	a.	ILD005084124
		b.	NA
4.9	Facility NPDES Permit Number(s) (9 characters)	a.	NA
		b.	
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	a.	NA
		b.	

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	[ ] NA NA
5.2	Parent Company's Dun & Bradstreet Number	[ ] NA (9 digits) NA

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EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER
60515TRCNN2325W
Toxic Chemical, Category, or Generic Name
TETRACHLOROETHYLENE

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	000127-18-4
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	TETRACHLOROETHYLENE
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

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

3.1	Manufacture the toxic chemical:	a. ☐ Produce b. ☐ Import	If produce or import: c. ☐ For on-site use/processing d. ☐ For sale/distribution e. ☐ As a byproduct f. ☐ As an impurity
3.2	Process the toxic chemical:	a. ☐ As a reactant b. ☐ As a formulation component	c. ☐ As an article component d. ☐ Repackaging
3.3	Otherwise use the toxic chemical:	a. ☐ As a chemical processing aid b. ☐ As a manufacturing aid	c. ☒ Ancillary or other use

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

4.1	03	(Enter two-digit code from instruction package.)

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EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
60515TRCNN2325W
Toxic Chemical, Category, or Generic Name
TETRACHLOROETHYLENE

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

			A. Total Release (lbs/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	☐ NA	NA		
5.2	Stack or point air emissions	☐ NA	5236	0	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1	Stream or Water Body Name: NA				. %
5.3.2	Stream or Water Body Name:				. %
5.3.3	Stream or Water Body Name:				. %
5.4	Underground injections on-site	☐ NA	NA		
5.5	Releases to land on-site				
5.5.1	Landfill	☐ NA	NA		
5.5.2	Land treatment/ application farming	☐ NA	NA		
5.5.3	Surface impoundment	☐ NA	NA		
5.5.4	Other disposal	☐ NA	NA		

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

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

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United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
60515TRCNN2325W
Toxic Chemical, Category, or Generic Name
TETRACHLOROETHYLENE

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.01 POTW Name		6.1.B.02 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 01 and indicate which Part II, Sections 5.3/6.1 page this is, here. 1
(example: 1, 2, 3, etc.)

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

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SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.01 Off-site EPA Identification Number (RCRA ID No.): WID000808824

Off-Site Location Name: AVGANIC INDUSTRIES

Street Address: 114 N . MAIN

City: COTTAGE GROVE

County: DANE

State: WI

Zip Code: 53527

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

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 2244	1. 0	1. M20
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.02 Off-site EPA Identification Number (RCRA ID No.):

Off-Site Location Name:

Street Address:

City:

County:

State:

Zip Code:

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

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ 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 01 and indicate which Part II, Section 6.2 page this is, here. 1 (example: 1, 2, 3, etc.)

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

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SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

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

a. General Waste Stream (enter code)	b. Treatment Method(s) Sequence [enter 3-character code(s)]			c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.01a	7A.01b	1	2	7A.01c	7A.01d	7A.01e
NA	3	4	5		%	Yes ☐ No ☐
	6	7	8			
7A.02a	7A.02b	1	2	7A.02c	7A.02d	7A.02e
	3	4	5		%	Yes ☐ No ☐
	6	7	8			
7A.03a	7A.03b	1	2	7A.03c	7A.03d	7A.03e
	3	4	5		%	Yes ☐ No ☐
	6	7	8			
7A.04a	7A.04b	1	2	7A.04c	7A.04d	7A.04e
	3	4	5		%	Yes ☐ No ☐
	6	7	8			
7A.05a	7A.05b	1	2	7A.05c	7A.05d	7A.05e
	3	4	5		%	Yes ☐ No ☐
	6	7	8			

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

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SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☐ **Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.**

Energy Recovery Methods [enter 3-character code(s)]

1	2	3	4
NA			

SECTION 7C. ON-SITE RECYCLING PROCESSES

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

Recycling Methods [enter 3-character code(s)]

1	2	3	4	5
NA				

6	7	8	9	10

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SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

All quantity estimates can be reported using up to two significant figures.		Column A 1991 (pounds/year)	Column B 1992 (pounds/year)	Column C 1993 (pounds/year)	Column D 1994 (pounds/year)
8.1	Quantity released *	10472	5236	4488	4488
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	2244	2244	2244	2244
8.6	Quantity treated on-site	0	0	0	0
8.7	Quantity treated off-site	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				0
8.9	Production ratio or activity index				0.93

8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	W71	T04	T10	NA
8.10.2				
8.10.3				
8.10.4				

8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)	YES ☐	NO ☒

* Report releases pursuant to EPCRA Section 329(8) 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.