

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX Toxic Chemical, Category, or Generic Name 1,2,4-Trimethylbenzene	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) <div style="text-align: center;">[] []</div>		Withdrawal (Enter up to two code(s)) <div style="text-align: center;">[] []</div>	

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

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2015**

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; attach substantiation forms) <input checked="" type="checkbox"/> NO (Do not answer 2.2; go to Section 3)	2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "Yes" in 2.1)
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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:	Signature:	Date Signed:
File Copy Only: Do Not Submit Paper Form to EPA	File Copy Only: Do Not Submit Paper Form to EPA	XX/XX/XXXX

SECTION 4. FACILITY IDENTIFICATION

4.1		TRI Facility ID Number	29448GNTCMPOBOX
Facility or Establishment Name GIANT CEMENT CO			
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218	
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448	Country (Non-US)

4.2	This report contains information for : (<u>Important</u> ; check a or b; check c or d if applicable)	a. <input checked="" type="checkbox"/> An Entire facility	b. <input type="checkbox"/> Part of a facility	c. <input type="checkbox"/> A Federal facility	d. <input type="checkbox"/> GOCO
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4.3	Technical Contact name	EDWARD (SONNY) F. DOUGHERTY, JR.	Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200			
4.4	Public Contact name	EDWARD (SONNY) F. DOUGHERTY, JR.	Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200			
4.5	NAICS Code(s) (6 digits)	a. 327310 (Primary)	b.	c.	d.	e.	f.

4.7	Dun and Bradstreet Number(s) (9 digits)
	a. NA
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	GIANT CEMENT HOLDING INC	No U.S. Parent Company (for TRI Reporting purposes) <input type="checkbox"/>
5.2	Parent Company's Dun & Bradstreet Number	NA <input type="checkbox"/> 869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

1,2,4-Trimethylbenzene

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	95636
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	1,2,4-Trimethylbenzene
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[04] (Enter two-digit code from instruction package.)
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SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	7	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	12	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

1,2,4-Trimethylbenzene

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5 Disposal to land on-site			
5.4.1 Class I Underground Injection wells	[X]		
5.4.2 Class II-V Underground Injection wells	[X]		
5.5.1.A RCRA subtitle C landfills	[X]		
5.5.1.B Other landfills	[X]		
5.5.2 Land treatment/application farming	[X]		
5.5.3A RCRA Subtitle C surface impoundments	[X]		
5.5.3B Other surface impoundments	[X]		
5.5.4 Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

1,2,4-Trimethylbenzene

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA []

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **18**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **44**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **9**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[**X**] 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	1,2,4-Trimethylbenzene

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	19	19	19	19
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	23	71	71	71
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	554925	395666	395666	395666
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	55	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
1,2,4-Trimethylbenzene

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name 2-Ethoxyethanol	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits)		Telephone Number (include area code and ext.) 803-496-2200	
		a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits)			
		a. NA			
		b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes)		No U.S. Parent Company (for TRI Reporting purposes) []	
		GIANT CEMENT HOLDING INC			
5.2		Parent Company's Dun & Bradstreet Number		869563304	
		NA []			

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

2-Ethoxyethanol

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	110805
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	2-Ethoxyethanol
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[03] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	2	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	1	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

2-Ethoxyethanol

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

2-Ethoxyethanol

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS |NA []

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **3**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **7**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **4**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[**X**] 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	2-Ethoxyethanol

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	2	3	3	3
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	12	14	14	14
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	41282	34158	34158	34158
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	3	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
2-Ethoxyethanol

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name 2-Methoxyethanol	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM Telephone Number (include area code and ext.) 803-496-2200	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM Telephone Number (include area code and ext.) 803-496-2200	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC		No U.S. Parent Company (for TRI Reporting purposes) []	
5.2		Parent Company's Dun & Bradstreet Number NA []		869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

2-Methoxyethanol

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	109864
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	2-Methoxyethanol
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[03] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	16	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	9	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

2-Methoxyethanol

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

2-Methoxyethanol

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **7**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

OHD02073819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **34**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **4**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	2-Methoxyethanol

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	23	25	25	25
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	14	45	45	45
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	328300	299892	299892	299892
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	32	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
2-Methoxyethanol

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Acetonitrile	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility
				c. [] A Federal facility	d. [] GOCO
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary)	b. c. d. e. f.
4.7		Dun and Bradstreet Number(s) (9 digits)			
		a. NA			
		b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number		NA []	869563304

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Acetonitrile

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

75058

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Acetonitrile

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[03]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	102	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	15	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Acetonitrile

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site		
5.4.1	Class I Underground Injection wells	[X]	
5.4.2	Class II-V Underground Injection wells	[X]	
5.5.1.A	RCRA subtitle C landfills	[X]	
5.5.1.B	Other landfills	[X]	
5.5.2	Land treatment/application farming	[X]	
5.5.3A	RCRA Subtitle C surface impoundments	[X]	
5.5.3B	Other surface impoundments	[X]	
5.5.4	Other disposal	[X]	

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

<div>EPA FORM R</div> <div>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</div>						TRI Facility ID Number					
						29448GNTCMPOBOX					
						Toxic Chemical, Category, or Generic Name					
						Acetonitrile					
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA []					
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						OHD020273819					
Off-Site Location Name:						VICKERY ENVIRONMENTAL INC					
Off-Site Address:						3956 STATE ROUTE 412					
City	VICKERY		County	Sandusky		State	OH	ZIP	43464	Country (Non-US)	
Is location under control of reporting facility or parent company?								[] Yes [X] No			
A. Total Transfer (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 . 46				1 . O		1 . M81					
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY											
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				d. Waste Treatment Efficiency Estimate					

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Acetonitrile

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	177	117	117	117
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	4	46	46	46
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	675258	396298	396298	396298
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	69	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Acetonitrile

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Acrylonitrile	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility
				c. [] A Federal facility	d. [] GOCO
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary)	b. c. d. e. f.
4.7		Dun and Bradstreet Number(s) (9 digits)			
		a. NA			
		b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number			869563304

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Acrylonitrile

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	107131
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Acrylonitrile
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[03] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	121	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	16	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Acrylonitrile

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

<div>EPA FORM R</div> <div>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</div>						TRI Facility ID Number			
						29448GNTCMPOBOX			
						Toxic Chemical, Category, or Generic Name			
						Acrylonitrile			
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA []			
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						OHD020273819			
Off-Site Location Name:						VICKERY ENVIRONMENTAL INC			
Off-Site Address:						3956 STATE ROUTE 412			
City	VICKERY	County	Sandusky	State	OH	ZIP	43464	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] No			
A. Total Transfer (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 . 43			1 . O		1 . M81				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				d. Waste Treatment Efficiency Estimate				

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Acrylonitrile

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	265	137	137	137
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	5	43	43	43
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	811624	370787	370787	370787
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	83	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Acrylonitrile

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Aluminum phosphide	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC		No U.S. Parent Company (for TRI Reporting purposes) []	
5.2		Parent Company's Dun & Bradstreet Number NA []		869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Aluminum phosphide

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

20859738

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Aluminum phosphide

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[04]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	0	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	45.06	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Aluminum phosphide

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Aluminum phosphide

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS |NA []

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **.47**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

OHD02073819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **.28**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **.25**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[**X**] 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Aluminum phosphide

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] 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)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	58.67	45.06	45.06	45.06
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	2.43	1	1	1
8.1d	Total other off-site disposal or other releases	.25	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Aluminum phosphide

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Antimony Compounds	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC		No U.S. Parent Company (for TRI Reporting purposes) []	
5.2		Parent Company's Dun & Bradstreet Number NA []		869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Antimony Compounds

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

N010

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Antimony Compounds

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input checked="" type="checkbox"/> As an impurity		a. <input checked="" type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input checked="" type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[05]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	2.69	O	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	1.17	O	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Antimony Compounds

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Antimony Compounds

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **6.67**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

OHD02073819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **.65**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **3.5**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Antimony Compounds

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] 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)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	3.86	3.86	3.86
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	10.82	10.82	10.82
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)		0.92		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [X]		
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Antimony Compounds

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Arsenic Compounds	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM Telephone Number (include area code and ext.) 803-496-2200	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM Telephone Number (include area code and ext.) 803-496-2200	
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary) b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes)		GIANT CEMENT HOLDING INC No U.S. Parent Company (for TRI Reporting purposes) []	
5.2		Parent Company's Dun & Bradstreet Number		NA [] 869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Arsenic Compounds

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

N020

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Arsenic Compounds

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input checked="" type="checkbox"/> As an impurity		a. <input checked="" type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input checked="" type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[04]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	2.48	O	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	19.72	O	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Arsenic Compounds

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Arsenic Compounds

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **.01**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **.09**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **.05**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Arsenic Compounds

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] 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)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	22.04	22.2	22.2	22.2
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	.25	.15	.15	.15
8.1d	Total other off-site disposal or other releases	.01	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Arsenic Compounds

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Barium Compounds	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number NA [] 869563304			

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Barium Compounds

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

N040

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Barium Compounds

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input checked="" type="checkbox"/> As an impurity		a. <input checked="" type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input checked="" type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[05]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	21.08	O	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	37.66	O	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Barium Compounds

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Barium Compounds

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **11.5**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **58.27**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **30.6**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Barium Compounds

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] 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)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	60.68	58.74	58.74	58.74
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	76.03	100.37	100.45	100.45
8.1d	Total other off-site disposal or other releases	10.16	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Barium Compounds

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Boron trichloride	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility
				c. [] A Federal facility	d. [] GOCO
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary)	b. c. d. e. f.
4.7		Dun and Bradstreet Number(s) (9 digits)			
		a. NA			
		b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number		NA [] 869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Boron trichloride

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

1.1 **10294345**

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

1.2 **Boron trichloride**

Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive).

1.3 **NA**

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

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

2.1 **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[03]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	467	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	24	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Boron trichloride

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Boron trichloride

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS |NA []

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **3**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **20**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **10**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[**X**] 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Boron trichloride

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	426	491	492	492
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	29	33	33	33
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	47269	36217	36217	36217
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	2	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Boron trichloride

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Boron trifluoride	
WHERE TO SEND COMPLETED FORMS:	1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***			2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1	TRI Facility ID Number		29448GNTCMPOBOX		
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2	This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility	c. [] A Federal facility
			d. [] GOCO		
4.3	Technical Contact name	EDWARD (SONNY) F. DOUGHERTY, JR.	Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200	
4.4	Public Contact name	EDWARD (SONNY) F. DOUGHERTY, JR.	Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200	
4.5	NAICS Code(s) (6 digits)	a. 327310 (Primary)	b.	c.	d.
			e.	f.	
4.7	Dun and Bradstreet Number(s) (9 digits)				
	a. NA				
	b.				
SECTION 5. PARENT COMPANY INFORMATION					
5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2	Parent Company's Dun & Bradstreet Number	NA []	869563304		

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Boron trifluoride

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

7637072

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Boron trifluoride

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[03]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	141	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	7	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Boron trifluoride

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site		
5.4.1	Class I Underground Injection wells	[X]	
5.4.2	Class II-V Underground Injection wells	[X]	
5.5.1.A	RCRA subtitle C landfills	[X]	
5.5.1.B	Other landfills	[X]	
5.5.2	Land treatment/application farming	[X]	
5.5.3A	RCRA Subtitle C surface impoundments	[X]	
5.5.3B	Other surface impoundments	[X]	
5.5.4	Other disposal	[X]	

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Boron trifluoride

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA []

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **2**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **12**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **6**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[**X**] 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Boron trifluoride

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	141	148	148	148
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	17	20	20	20
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	28885	21101	21101	21101
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	2	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)		0.92		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Boron trifluoride

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Carbon tetrachloride	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility
				c. [] A Federal facility	d. [] GOCO
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary)	b. c. d. e. f.
4.7		Dun and Bradstreet Number(s) (9 digits)			
		a. NA			
		b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number			869563304

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Carbon tetrachloride

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

56235

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Carbon tetrachloride

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[04]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	453	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	41	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Carbon tetrachloride

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

<div>EPA FORM R</div> <div>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</div>						TRI Facility ID Number			
						29448GNTCMPOBOX			
						Toxic Chemical, Category, or Generic Name			
						Carbon tetrachloride			
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA []			
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						OHD020273819			
Off-Site Location Name:						VICKERY ENVIRONMENTAL INC			
Off-Site Address:						3956 STATE ROUTE 412			
City	VICKERY	County	Sandusky	State	OH	ZIP	43464	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] No			
A. Total Transfer (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 . 80			1 . O		1 . M81				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]			d. Waste Treatment Efficiency Estimate				

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Carbon tetrachloride**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

[] 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. **U01****SECTION 7C. ON-SITE RECYCLING PROCESSES**

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	525	494	495	495
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	5	80	80	80
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	836563	692798	692798	692798
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	85	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Carbon tetrachloride

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Certain Glycol Ethers	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number NA []			869563304

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Certain Glycol Ethers

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

N230

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Certain Glycol Ethers

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[03]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	7	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	2	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Certain Glycol Ethers

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5 Disposal to land on-site			
5.4.1 Class I Underground Injection wells	[X]		
5.4.2 Class II-V Underground Injection wells	[X]		
5.5.1.A RCRA subtitle C landfills	[X]		
5.5.1.B Other landfills	[X]		
5.5.2 Land treatment/application farming	[X]		
5.5.3A RCRA Subtitle C surface impoundments	[X]		
5.5.3B Other surface impoundments	[X]		
5.5.4 Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Certain Glycol Ethers

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS |NA []

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **7**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **28**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **15**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[**X**] 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Certain Glycol Ethers

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	10	9	9	9
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	12	50	50	50
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	339667	77210	77210	77210
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	34	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Certain Glycol Ethers

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Chlorobenzene	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number NA [] 869563304			

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Chlorobenzene

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

108907

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Chlorobenzene

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[03]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	17	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	11	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Chlorobenzene

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

<div>EPA FORM R</div> <div>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</div>						TRI Facility ID Number			
						29448GNTCMPOBOX			
						Toxic Chemical, Category, or Generic Name			
						Chlorobenzene			
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA []			
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						OHD020273819			
Off-Site Location Name:						VICKERY ENVIRONMENTAL INC			
Off-Site Address:						3956 STATE ROUTE 412			
City	VICKERY	County	Sandusky	State	OH	ZIP	43464	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] No			
A. Total Transfer (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 . 44			1 . O		1 . M81				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				d. Waste Treatment Efficiency Estimate				

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Chlorobenzene

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	7	28	28	28
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	1	44	44	44
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	98989	384192	384192	384192
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	10	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Chlorobenzene

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Chloroform	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility
				c. [] A Federal facility	d. [] GOCO
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary)	b. c. d. e. f.
4.7		Dun and Bradstreet Number(s) (9 digits)			
		a. NA			
		b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number		NA []	869563304

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Chloroform

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	67663
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Chloroform
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[02] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	13	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	1	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Chloroform

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

<div>EPA FORM R</div> <div>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</div>						TRI Facility ID Number			
						29448GNTCMPOBOX			
						Toxic Chemical, Category, or Generic Name			
						Chloroform			
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA []			
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						OHD020273819			
Off-Site Location Name:						VICKERY ENVIRONMENTAL INC			
Off-Site Address:						3956 STATE ROUTE 412			
City	VICKERY	County	Sandusky	State	OH	ZIP	43464	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] No			
A. Total Transfer (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 . O		1 . M81				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]			d. Waste Treatment Efficiency Estimate				

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Chloroform

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	14	14	14
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	1	1	1
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	12944	12944	12944
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [] Activity ratio (select one and enter value to right)	NA			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Chloroform

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Chromium Compounds (except for chromite ore mined in the Transvaal Reg	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:			Signature:		Date Signed:
File Copy Only: Do Not Submit Paper Form to EPA			File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX
SECTION 4. FACILITY IDENTIFICATION					
4.1	TRI Facility ID Number		29448GNTCMPOBOX		
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2	This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility	c. [] A Federal facility
4.3	Technical Contact name	EDWARD (SONNY) F. DOUGHERTY, JR.	Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200	
4.4	Public Contact name	EDWARD (SONNY) F. DOUGHERTY, JR.	Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200	
4.5	NAICS Code(s) (6 digits)	a. 327310 (Primary)	b.	c.	d.
4.7	Dun and Bradstreet Number(s) (9 digits) a. NA b.				
SECTION 5. PARENT COMPANY INFORMATION					
5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2	Parent Company's Dun & Bradstreet Number	NA []	869563304		

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Chromium Compounds (except for chromite ore mined in the Transvaal Reg

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

N090

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Chromium Compounds (except for chromite ore mined in the Transvaal Reg

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input checked="" type="checkbox"/> As an impurity		a. <input checked="" type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input checked="" type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[05]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	6.28	O	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	74.57	O	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

**Chromium Compounds (except for chromite ore
mined in the Transvaal Reg**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5 Disposal to land on-site			
5.4.1 Class I Underground Injection wells	[X]		
5.4.2 Class II-V Underground Injection wells	[X]		
5.5.1.A RCRA subtitle C landfills	[X]		
5.5.1.B Other landfills	[X]		
5.5.2 Land treatment/application farming	[X]		
5.5.3A RCRA Subtitle C surface impoundments	[X]		
5.5.3B Other surface impoundments	[X]		
5.5.4 Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number			
						29448GNTCMPOBOX			
						Toxic Chemical, Category, or Generic Name			
						Chromium Compounds (except for chromite ore mined in the Transvaal Reg)			
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS									
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						MID000724831			
Off-Site Location Name:						MICHIGAN DISPOSAL			
Off-Site Address:						49350 I94 SERVICE DR.			
City	BELLEVILLE	County	Wayne	State	MI	ZIP	48111	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] No			
A. Total Transfer (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 . 7.12			1 . O		1 . M65				
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)						OHD020273819			
Off-Site Location Name:						VICKERY ENVIRONMENTAL INC			
Off-Site Address:						3956 STATE ROUTE 412			
City	VICKERY	County	Sandusky	State	OH	ZIP	43464	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] No			
A. Total Transfer (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 . .93			1 . O		1 . M81				
6.2.3 Off-Site EPA Identification Number (RCRA ID No.)						TXD069452340			
Off-Site Location Name:						US ECOLOGY			
Off-Site Address:						3277 CR 69			
City	ROBSTOWN	County	Nueces	State	TX	ZIP	78380	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] No			
A. Total Transfer (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 . 3.74			1 . O		1 . M65				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]			d. Waste Treatment Efficiency Estimate					

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Chromium Compounds (except for chromite ore mined in the Transvaal Reg

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[☒] 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)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[☒] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	84.41	80.85	80.85	80.85
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	14.04	11.79	11.8	11.8
8.1d	Total other off-site disposal or other releases	.88	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [<input checked="" type="checkbox"/>] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [<input checked="" type="checkbox"/>]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Chromium Compounds (except for chromite ore mined in the Transvaal Reg

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Copper Compounds	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC		No U.S. Parent Company (for TRI Reporting purposes) []	
5.2		Parent Company's Dun & Bradstreet Number NA []		869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Copper Compounds

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

N100

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Copper Compounds

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[03]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	0	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	6.11	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Copper Compounds

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Copper Compounds

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **11.32**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **5.52**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **5.95**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Copper Compounds

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] 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)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	14.44	6.11	6.11	6.11
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	63.08	22.79	22.81	22.81
8.1d	Total other off-site disposal or other releases	8.12	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Copper Compounds

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Creosote	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC		No U.S. Parent Company (for TRI Reporting purposes) []	
5.2		Parent Company's Dun & Bradstreet Number NA []		869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Creosote

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	8001589
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Creosote
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[02] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	0	0
5.2	Stack or point air emissions	NA <input type="checkbox"/>	0	0
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Creosote

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site		
5.4.1	Class I Underground Injection wells	[X]	
5.4.2	Class II-V Underground Injection wells	[X]	
5.5.1.A	RCRA subtitle C landfills	[X]	
5.5.1.B	Other landfills	[X]	
5.5.2	Land treatment/application farming	[X]	
5.5.3A	RCRA Subtitle C surface impoundments	[X]	
5.5.3B	Other surface impoundments	[X]	
5.5.4	Other disposal	[X]	

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

<div>EPA FORM R</div> <div>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</div>						TRI Facility ID Number			
						29448GNTCMPOBOX			
						Toxic Chemical, Category, or Generic Name			
						Creosote			
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA []			
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						OHD020273819			
Off-Site Location Name:						VICKERY ENVIRONMENTAL INC			
Off-Site Address:						3956 STATE ROUTE 412			
City	VICKERY	County	Sandusky	State	OH	ZIP	43464	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] No			
A. Total Transfer (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 . 2			1 . O		1 . M81				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]			d. Waste Treatment Efficiency Estimate				

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Creosote

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	1	0	0	0
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	2	2	2
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	49750	13678	13678	13678
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	5	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)		0.92		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [X]		
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Creosote

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Cumene	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility
				c. [] A Federal facility	d. [] GOCO
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary)	b. c. d. e. f.
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number		NA [] 869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Cumene

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

98828

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Cumene

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[03]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	1	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	2	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Cumene

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site		
5.4.1	Class I Underground Injection wells	[X]	
5.4.2	Class II-V Underground Injection wells	[X]	
5.5.1.A	RCRA subtitle C landfills	[X]	
5.5.1.B	Other landfills	[X]	
5.5.2	Land treatment/application farming	[X]	
5.5.3A	RCRA Subtitle C surface impoundments	[X]	
5.5.3B	Other surface impoundments	[X]	
5.5.4	Other disposal	[X]	

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

<div>EPA FORM R</div> <div>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</div>						TRI Facility ID Number					
						29448GNTCMPOBOX					
						Toxic Chemical, Category, or Generic Name					
						Cumene					
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA []					
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						OHD020273819					
Off-Site Location Name:						VICKERY ENVIRONMENTAL INC					
Off-Site Address:						3956 STATE ROUTE 412					
City	VICKERY		County	Sandusky		State	OH	ZIP	43464	Country (Non-US)	
Is location under control of reporting facility or parent company?								[] Yes [X] No			
A. Total Transfer (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 . 7				1 . O		1 . M81					
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY											
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				d. Waste Treatment Efficiency Estimate					

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Cumene

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	3	3	3	3
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	2	7	7	7
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	88530	59436	59436	59436
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	9	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Cumene

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Cyclohexane	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number NA [] 869563304			

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Cyclohexane

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	110827
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Cyclohexane
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[03] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	63	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	9	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Cyclohexane

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5 Disposal to land on-site			
5.4.1 Class I Underground Injection wells	[X]		
5.4.2 Class II-V Underground Injection wells	[X]		
5.5.1.A RCRA subtitle C landfills	[X]		
5.5.1.B Other landfills	[X]		
5.5.2 Land treatment/application farming	[X]		
5.5.3A RCRA Subtitle C surface impoundments	[X]		
5.5.3B Other surface impoundments	[X]		
5.5.4 Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

<div>EPA FORM R</div> <div>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</div>						TRI Facility ID Number			
						29448GNTCMPOBOX			
						Toxic Chemical, Category, or Generic Name			
						Cyclohexane			
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA []			
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						OHD020273819			
Off-Site Location Name:						VICKERY ENVIRONMENTAL INC			
Off-Site Address:						3956 STATE ROUTE 412			
City	VICKERY	County	Sandusky	State	OH	ZIP	43464	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] No			
A. Total Transfer (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 . 27			1 . O		1 . M81				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				d. Waste Treatment Efficiency Estimate				

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Cyclohexane

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	48	72	72	72
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	1	27	27	27
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	170744	233291	233291	233291
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	17	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Cyclohexane

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Dibenzofuran	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC		No U.S. Parent Company (for TRI Reporting purposes) []	
5.2		Parent Company's Dun & Bradstreet Number NA []		869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Dibenzofuran

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	132649
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Dibenzofuran
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[02] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	0	0
5.2	Stack or point air emissions	NA <input type="checkbox"/>	0	0
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Dibenzofuran

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number			
						29448GNTCMPOBOX			
						Toxic Chemical, Category, or Generic Name			
						Dibenzofuran			
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA <input type="checkbox"/>			
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						OHD020273819			
Off-Site Location Name:						VICKERY ENVIRONMENTAL INC			
Off-Site Address:						3956 STATE ROUTE 412			
City	VICKERY	County	Sandusky	State	OH	ZIP	43464	Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
A. Total Transfer (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. O		1. M81				
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)						MID000724831			
Off-Site Location Name:						MICHIGAN DISPOSAL			
Off-Site Address:						49350 I94 SERVICE DR.			
City	BELLEVILLE	County	Wayne	State	MI	ZIP	48111	Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
A. Total Transfer (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. O		1. M65				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
<input checked="" type="checkbox"/> 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				d. Waste Treatment Efficiency Estimate				

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Dibenzofuran

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	0	0	0
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	2	2	2
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	10129	10129	10129
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	[] Production ratio or [] Activity ratio (select one and enter value to right)		NA		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [X]		
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Dibenzofuran

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Dimethyl phthalate	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes)		No U.S. Parent Company (for TRI Reporting purposes) []	
5.2		Parent Company's Dun & Bradstreet Number		NA [] 869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Dimethyl phthalate

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	131113
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Dimethyl phthalate
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[02] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	0.5	O	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	1	O	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Dimethyl phthalate

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Dimethyl phthalate

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **2**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **1**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **1**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Dimethyl phthalate

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	1	1.5	1	1
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	4	4	4	4
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	24436	20822	20822	20822
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	2	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Dimethyl phthalate

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Dioxin and Dioxin-like Compounds	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility
				c. [] A Federal facility	d. [] GOCO
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary)	b. c. d. e. f.
4.7		Dun and Bradstreet Number(s) (9 digits)			
		a. NA			
		b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number		NA [] 869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Dioxin and Dioxin-like Compounds

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	N150
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Dioxin and Dioxin-like Compounds
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input checked="" type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input 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	[12] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input checked="" type="checkbox"/>		
5.2	Stack or point air emissions	NA <input type="checkbox"/>	0.540236	E2
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Dioxin and Dioxin-like Compounds

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5 Disposal to land on-site			
5.4.1 Class I Underground Injection wells	[X]		
5.4.2 Class II-V Underground Injection wells	[X]		
5.5.1.A RCRA subtitle C landfills	[X]		
5.5.1.B Other landfills	[X]		
5.5.2 Land treatment/application farming	[X]		
5.5.3A RCRA Subtitle C surface impoundments	[X]		
5.5.3B Other surface impoundments	[X]		
5.5.4 Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

<div>EPA FORM R</div> <div>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</div>						TRI Facility ID Number			
						29448GNTCMPOBOX			
						Toxic Chemical, Category, or Generic Name			
						Dioxin and Dioxin-like Compounds			
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA <input checked="" type="checkbox"/>			
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)									
Off-Site Location Name:						NA			
Off-Site Address:									
City		County		State		ZIP		Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
A. Total Transfer (pounds/year*) (Enter range code** or estimate)			B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
<input checked="" type="checkbox"/> 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				d. Waste Treatment Efficiency Estimate				

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Dioxin and Dioxin-like Compounds

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] 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)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	.492099	.540236	.540236	.540236
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Dioxin and Dioxin-like Compounds

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA

United States
Environmental Protection
Agency

FORM R Schedule 1

TRI Facility ID Number:

PART II. CHEMICAL-SPECIFIC INFORMATION (continued)

29448GNTCMPOBOX

Section 5. Quantity Of Dioxin And Dioxin-Like Compounds Entering Each Environmental Medium On-site

		5.1	NA	X	5.2	NA	5.3 Discharges to receiving streams or water bodies NA [X]		
		Fugitive or non-point air emissions			Stack or point air emissions		5.3.1	5.3.2	5.3.3
D. Mass (grams) of each compound in the category (1-17)	1				0.009197				
	2				0.005371				
	3				0.000874				
	4				0.001882				
	5				0.001244				
	6				0.015733				
	7				0.039789				
	8				0.262076				
	9				0.083429				
	10				0.06757				
	11				0.014594				
	12				0.014341				
	13				0.00632				
	14				0.001365				
	15				0.011554				
	16				0.000483				
	17				0.004414				

If additional pages of Section 6.1 or 6.2 are attached, indicate the total number of pages in this box and indicate the Section 6.1 or 6.2 page number in this box (Example: 1,2,3, etc.)

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FORM R Schedule 1

TRI Facility ID Number:

PART II. CHEMICAL-SPECIFIC INFORMATION (continued)

29448GNTCMPOBOX

Section 5. Quantity Of Dioxin And Dioxin-Like Compounds Entering Each Environmental Medium On-site (continued)

		5.4 Underground Injection						5.5 Disposal to Land On-site																	
		5.4.1	NA	X	5.4.2	NA	X	5.5.1A	NA	X	5.5.1B	NA	X	5.5.2	NA	X	5.5.3A	NA	X	5.5.3B	NA	X	5.5.4	NA	X
		Class I Underground Injection Wells			Class II-V Underground Injection Wells			RCRA Subtitle C landfills		Other landfills		Land treatment/application farming			RCRA Subtitle C surface impoundment			Other surface impoundment			Other disposal				
C. Mass (grams) of each compound in the category (1-17)	1																								
	2																								
	3																								
	4																								
	5																								
	6																								
	7																								
	8																								
	9																								
	10																								
	11																								
	12																								
	13																								
	14																								
	15																								
	16																								
	17																								

EPA

United States
Environmental Protection
Agency

FORM R Schedule 1

TRI Facility ID Number:

PART II. CHEMICAL-SPECIFIC INFORMATION (continued)

29448GNTCMPOBOX

SECTION 6. TRANSFERS OF DIOXIN AND DIOXIN-LIKE COMPOUNDS IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY-OWNED TREATMENT WORKS (POTWs)

NA [X]

6.1. C. Mass (grams) of each compound in the category (1-17)

.	1		2		3		4		5		6		7		8	
9	10		11		12		13		14		15		16		17	

6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA [X]

6.2.-1 D. Mass (grams) of each compound in the category (1-17)

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FORM R Schedule 1

TRI Facility ID Number:

PART II. CHEMICAL-SPECIFIC INFORMATION (continued)

29448GNTCMPOBOX

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT FOR DIOXIN AND DIOXIN-LIKE COMPOUNDS (current year only)

		8.1a	8.1b	8.1c	8.1d	8.2	8.3	8.4	8.5	8.6	8.7	8.8
		Total on-site disposal to Class 1 Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	Total other on-site disposal or other releases	Total off-site disposal to Class 1 Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	Total other off-site disposal or other releases	Quantity used for energy recovery on-site	Quantity used for energy recovery off-site	Quantity recycled on-site	Quantity recycled off-site	Quantity treated on-site	Quantity treated off-site	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes
F. Mass (grams) of each compound in the category (1-17)	1		0.009197									
	2		0.005371									
	3		0.000874									
	4		0.001882									
	5		0.001244									
	6		0.015733									
	7		0.039789									
	8		0.262076									
	9		0.083429									
	10		0.06757									
	11		0.014594									
	12		0.014341									
	13		0.00632									
	14		0.001365									
	15		0.011554									
	16		0.000483									
	17		0.004414									

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Ethylbenzene	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility
				c. [] A Federal facility	d. [] GOCO
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary)	b. c. d. e. f.
4.7		Dun and Bradstreet Number(s) (9 digits)			
		a. NA			
		b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number		NA []	869563304

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Ethylbenzene

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

100414

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Ethylbenzene

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[03]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	13	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	11	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Ethylbenzene

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site		
5.4.1	Class I Underground Injection wells	[X]	
5.4.2	Class II-V Underground Injection wells	[X]	
5.5.1.A	RCRA subtitle C landfills	[X]	
5.5.1.B	Other landfills	[X]	
5.5.2	Land treatment/application farming	[X]	
5.5.3A	RCRA Subtitle C surface impoundments	[X]	
5.5.3B	Other surface impoundments	[X]	
5.5.4	Other disposal	[X]	

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Ethylbenzene

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **46**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **5**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **3**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Ethylbenzene

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	318	24	24	24
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	45	54	54	54
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	6096322	400942	400942	400942
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	620	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)		0.92		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Ethylbenzene

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Ethylene glycol	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility
				c. [] A Federal facility	d. [] GOCO
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary)	b. c. d. e. f.
4.7		Dun and Bradstreet Number(s) (9 digits)			
		a. NA			
		b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number NA []			869563304

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Ethylene glycol

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	107211
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Ethylene glycol
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[03] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	7	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	2	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Ethylene glycol

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Ethylene glycol

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **28**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **7**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **15**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Ethylene glycol

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	10	9	9	9
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	12	50	50	50
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	339667	77210	77210	77210
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	34	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)		0.92		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Ethylene glycol

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX Toxic Chemical, Category, or Generic Name Hydrochloric acid (1995 and after "Acid Aerosols" only)	
WHERE TO SEND COMPLETED FORMS:	1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***			2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1	TRI Facility ID Number		29448GNTCMPOBOX		
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2	This report contains information for : (Important: check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility	c. [] A Federal facility
4.3	Technical Contact name	EDWARD (SONNY) F. DOUGHERTY, JR.	Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200	
4.4	Public Contact name	EDWARD (SONNY) F. DOUGHERTY, JR.	Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200	
4.5	NAICS Code(s) (6 digits)	a. 327310 (Primary)	b.	c.	d.
4.7	Dun and Bradstreet Number(s) (9 digits)				
a. NA					
b.					
SECTION 5. PARENT COMPANY INFORMATION					
5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2	Parent Company's Dun & Bradstreet Number	NA []	869563304		

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Hydrochloric acid (1995 and after "Acid Aerosols" only)

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	7647010
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Hydrochloric acid (1995 and after "Acid Aerosols" only)
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[01] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	33608.95	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	0	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

**Hydrochloric acid (1995 and after "Acid Aerosols"
only)**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5 Disposal to land on-site			
5.4.1 Class I Underground Injection wells	[X]		
5.4.2 Class II-V Underground Injection wells	[X]		
5.5.1.A RCRA subtitle C landfills	[X]		
5.5.1.B Other landfills	[X]		
5.5.2 Land treatment/application farming	[X]		
5.5.3A RCRA Subtitle C surface impoundments	[X]		
5.5.3B Other surface impoundments	[X]		
5.5.4 Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

<div>EPA FORM R</div> <div>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</div>						TRI Facility ID Number			
						29448GNTCMPOBOX			
						Toxic Chemical, Category, or Generic Name			
						Hydrochloric acid (1995 and after "Acid Aerosols" only)			
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA [X]			
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)									
Off-Site Location Name:						NA			
Off-Site Address:									
City		County		State		ZIP		Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [] No			
A. Total Transfer (pounds/year*) (Enter range code** or estimate)			B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				d. Waste Treatment Efficiency Estimate			

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Hydrochloric acid (1995 and after "Acid Aerosols" only)

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[☒] 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)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[☒] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	33608.95	33608.95	33608.95
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [<input checked="" type="checkbox"/>] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [<input checked="" type="checkbox"/>]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Hydrochloric acid (1995 and after "Acid Aerosols" only)

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Hydrogen fluoride	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC		No U.S. Parent Company (for TRI Reporting purposes) []	
5.2		Parent Company's Dun & Bradstreet Number NA []		869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Hydrogen fluoride

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	7664393
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Hydrogen fluoride
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[03] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	381	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	23	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Hydrogen fluoride

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5 Disposal to land on-site			
5.4.1 Class I Underground Injection wells	[X]		
5.4.2 Class II-V Underground Injection wells	[X]		
5.5.1.A RCRA subtitle C landfills	[X]		
5.5.1.B Other landfills	[X]		
5.5.2 Land treatment/application farming	[X]		
5.5.3A RCRA Subtitle C surface impoundments	[X]		
5.5.3B Other surface impoundments	[X]		
5.5.4 Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number			
						29448GNTCMPOBOX			
						Toxic Chemical, Category, or Generic Name			
						Hydrogen fluoride			
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS									
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						MID000724831			
Off-Site Location Name:						MICHIGAN DISPOSAL			
Off-Site Address:						49350 I94 SERVICE DR.			
City	BELLEVILLE	County	Wayne	State	MI	ZIP	48111	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] No			
A. Total Transfer (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 . O		1 . M65				
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)						OHD020273819			
Off-Site Location Name:						VICKERY ENVIRONMENTAL INC			
Off-Site Address:						3956 STATE ROUTE 412			
City	VICKERY	County	Sandusky	State	OH	ZIP	43464	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] No			
A. Total Transfer (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 . 17			1 . O		1 . M81				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				d. Waste Treatment Efficiency Estimate				

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Hydrogen fluoride

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	383	404	405	405
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	2	18	18	18
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	160394	148093	148093	148093
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	16	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Hydrogen fluoride

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Lead Compounds	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC		No U.S. Parent Company (for TRI Reporting purposes) []	
5.2		Parent Company's Dun & Bradstreet Number NA []		869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Lead Compounds

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	N420
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Lead Compounds
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input checked="" type="checkbox"/> As an impurity		a. <input checked="" type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input checked="" type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[05] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	7.75	O	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	4.56	O	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input type="checkbox"/>			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	UNNAMED WATER BODY	03050205024978	0	O	NA

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Lead Compounds

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Lead Compounds

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **.59**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **2.82**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **1.48**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Lead Compounds

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] 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)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	11.78	12.31	12.31	12.31
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	8.06	4.89	4.89	4.89
8.1d	Total other off-site disposal or other releases	.7	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Lead Compounds

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name m-Xylene	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important:</u> check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits)		Telephone Number (include area code and ext.) 803-496-2200	
		a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits)			
		a. NA			
		b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number			869563304

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

m-Xylene

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	108383
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	m-Xylene
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[04] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	15	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	14	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

m-Xylene

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site		
5.4.1	Class I Underground Injection wells	[X]	
5.4.2	Class II-V Underground Injection wells	[X]	
5.5.1.A	RCRA subtitle C landfills	[X]	
5.5.1.B	Other landfills	[X]	
5.5.2	Land treatment/application farming	[X]	
5.5.3A	RCRA Subtitle C surface impoundments	[X]	
5.5.3B	Other surface impoundments	[X]	
5.5.4	Other disposal	[X]	

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

m-Xylene

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **60**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **12**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **7**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	m-Xylene

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	39	29	29	29
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	23	79	79	79
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	807208	526201	526201	526201
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	81	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
m-Xylene

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Manganese Compounds	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM Telephone Number (include area code and ext.) 803-496-2200	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM Telephone Number (include area code and ext.) 803-496-2200	
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary) b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number		NA [] 869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Manganese Compounds

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

N450

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Manganese Compounds

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[03]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	0	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	0.79	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Manganese Compounds

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Manganese Compounds

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **242.18**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

OHD02073819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **24.11**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **127.19**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Manganese Compounds

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] 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)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	6.64	.79	.79	.79
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	299.62	393.48	393.82	393.82
8.1d	Total other off-site disposal or other releases	19.9	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)		0.92		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [X]		
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Manganese Compounds

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Mercury Compounds	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number NA [] 869563304			

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Mercury Compounds

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	N458
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Mercury Compounds
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input checked="" type="checkbox"/> As an impurity		a. <input checked="" type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input checked="" type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[02] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	0.02	O	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	34.96	O	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input type="checkbox"/>			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	UNNAMED WATER BODY	03050205024978	0.014	O	NA

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Mercury Compounds

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Mercury Compounds

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **4.22**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **.51**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **2.22**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Mercury Compounds

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] 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)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	36.814	34.994	34.98	34.98
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	19.49	6.95	6.96	6.96
8.1d	Total other off-site disposal or other releases	4.52	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Mercury Compounds

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Methanol	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number NA []			869563304

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Methanol

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	67561
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Methanol
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[04] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	831	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	106	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Methanol

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site		
5.4.1	Class I Underground Injection wells	[X]	
5.4.2	Class II-V Underground Injection wells	[X]	
5.5.1.A	RCRA subtitle C landfills	[X]	
5.5.1.B	Other landfills	[X]	
5.5.2	Land treatment/application farming	[X]	
5.5.3A	RCRA Subtitle C surface impoundments	[X]	
5.5.3B	Other surface impoundments	[X]	
5.5.4	Other disposal	[X]	

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Methanol

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **285**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **7**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **4**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Methanol**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

[] 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. **U01****SECTION 7C. ON-SITE RECYCLING PROCESSES**

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	1586	937	938	938
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	59	296	296	296
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	4746066	2469829	2469829	2469829
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	481	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)		0.92		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [X]		
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Methanol

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Methyl isobutyl ketone	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC		No U.S. Parent Company (for TRI Reporting purposes) []	
5.2		Parent Company's Dun & Bradstreet Number NA []		869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Methyl isobutyl ketone

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

108101

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Methyl isobutyl ketone

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[03]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	18	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	10	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Methyl isobutyl ketone

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Methyl isobutyl ketone

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA []

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **42**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **1**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **1**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[**X**] 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Methyl isobutyl ketone**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

[] 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. **U01****SECTION 7C. ON-SITE RECYCLING PROCESSES**

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	33	28	28	28
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	6	44	44	44
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	463562	362851	362851	362851
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	47	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)		0.92		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [X]		
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Methyl isobutyl ketone

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Methyl methacrylate	
WHERE TO SEND COMPLETED FORMS:	1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***			2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1	TRI Facility ID Number		29448GNTCMPOBOX		
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2	This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility	c. [] A Federal facility
			d. [] GOCO		
4.3	Technical Contact name	EDWARD (SONNY) F. DOUGHERTY, JR.	Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200	
4.4	Public Contact name	EDWARD (SONNY) F. DOUGHERTY, JR.	Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200	
4.5	NAICS Code(s) (6 digits)	a. 327310 (Primary)	b.	c.	d.
			e.	f.	
4.7	Dun and Bradstreet Number(s) (9 digits)				
	a. NA				
	b.				
SECTION 5. PARENT COMPANY INFORMATION					
5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2	Parent Company's Dun & Bradstreet Number	NA []	869563304		

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Methyl methacrylate

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	80626
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Methyl methacrylate
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[03] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	14	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	4	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Methyl methacrylate

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

<div>EPA FORM R</div> <div>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</div>						TRI Facility ID Number			
						29448GNTCMPOBOX			
						Toxic Chemical, Category, or Generic Name			
						Methyl methacrylate			
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA []			
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						OHD020273819			
Off-Site Location Name:						VICKERY ENVIRONMENTAL INC			
Off-Site Address:						3956 STATE ROUTE 412			
City	VICKERY	County	Sandusky	State	OH	ZIP	43464	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] No			
A. Total Transfer (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 . 13			1 . O		1 . M81				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				d. Waste Treatment Efficiency Estimate				

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Methyl methacrylate

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	18	18	18
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	13	13	13
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	116273	116273	116273
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [] Activity ratio (select one and enter value to right)	NA			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Methyl methacrylate

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Methyl tert-butyl ether	
WHERE TO SEND COMPLETED FORMS:	1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***			2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1	TRI Facility ID Number		29448GNTCMPOBOX		
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2	This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility	c. [] A Federal facility
			d. [] GOCO		
4.3	Technical Contact name	EDWARD (SONNY) F. DOUGHERTY, JR.	Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200	
4.4	Public Contact name	EDWARD (SONNY) F. DOUGHERTY, JR.	Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200	
4.5	NAICS Code(s) (6 digits)	a. 327310 (Primary)	b.	c.	d.
			e.	f.	
4.7	Dun and Bradstreet Number(s) (9 digits)				
	a. NA				
	b.				
SECTION 5. PARENT COMPANY INFORMATION					
5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2	Parent Company's Dun & Bradstreet Number	NA []	869563304		

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Methyl tert-butyl ether

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	1634044
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Methyl tert-butyl ether
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[03] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	18	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	2	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Methyl tert-butyl ether

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

<div>EPA FORM R</div> <div>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</div>						TRI Facility ID Number					
						29448GNTCMPOBOX					
						Toxic Chemical, Category, or Generic Name					
						Methyl tert-butyl ether					
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA []					
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						OHD020273819					
Off-Site Location Name:						VICKERY ENVIRONMENTAL INC					
Off-Site Address:						3956 STATE ROUTE 412					
City	VICKERY		County	Sandusky		State	OH	ZIP	43464	Country (Non-US)	
Is location under control of reporting facility or parent company?								[] Yes [X] No			
A. Total Transfer (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 . 6				1 . O		1 . M81					
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY											
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				d. Waste Treatment Efficiency Estimate					

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Methyl tert-butyl ether**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

[] 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. **U01****SECTION 7C. ON-SITE RECYCLING PROCESSES**

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	42	20	20	20
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	1	6	6	6
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	118443	52084	52084	52084
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	12	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)		0.92		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [X]		
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Methyl tert-butyl ether

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name n-Butyl alcohol	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC		No U.S. Parent Company (for TRI Reporting purposes) []	
5.2		Parent Company's Dun & Bradstreet Number NA []		869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

n-Butyl alcohol

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	71363
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	n-Butyl alcohol
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[04] (Enter two-digit code from instruction package.)
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SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	19	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	35	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

n-Butyl alcohol

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

<div>EPA FORM R</div> <div>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</div>						TRI Facility ID Number			
						29448GNTCMPOBOX			
						Toxic Chemical, Category, or Generic Name			
						n-Butyl alcohol			
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA []			
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						OHD020273819			
Off-Site Location Name:						VICKERY ENVIRONMENTAL INC			
Off-Site Address:						3956 STATE ROUTE 412			
City	VICKERY	County	Sandusky	State	OH	ZIP	43464	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] No			
A. Total Transfer (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 . 151			1 . O		1 . M81				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				d. Waste Treatment Efficiency Estimate				

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	n-Butyl alcohol

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	54	54	54
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	151	151	151
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	1308356	1308356	1308356
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	[] Production ratio or [] Activity ratio (select one and enter value to right)		NA		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
n-Butyl alcohol

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name n-Hexane	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits)		Telephone Number (include area code and ext.) 803-496-2200	
		a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits)			
		a. NA			
		b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes)		GIANT CEMENT HOLDING INC	
5.2		Parent Company's Dun & Bradstreet Number		NA [] 869563304	
		No U.S. Parent Company (for TRI Reporting purposes) []			

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

n-Hexane

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	110543
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	n-Hexane
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[03] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	99	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	14	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

n-Hexane

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site		
5.4.1	Class I Underground Injection wells	[X]	
5.4.2	Class II-V Underground Injection wells	[X]	
5.5.1.A	RCRA subtitle C landfills	[X]	
5.5.1.B	Other landfills	[X]	
5.5.2	Land treatment/application farming	[X]	
5.5.3A	RCRA Subtitle C surface impoundments	[X]	
5.5.3B	Other surface impoundments	[X]	
5.5.4	Other disposal	[X]	

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

n-Hexane

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **31**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **2**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **1**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	n-Hexane

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	158	113	113	113
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	3	34	34	34
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	436013	273252	273252	273252
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	44	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
n-Hexane

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Naphthalene	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility
				c. [] A Federal facility	d. [] GOCO
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary)	b. c. d. e. f.
4.7		Dun and Bradstreet Number(s) (9 digits)			
		a. NA			
		b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number			869563304

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Naphthalene

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	91203
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Naphthalene
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[03] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	2	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	8	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Naphthalene

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site		
5.4.1	Class I Underground Injection wells	[X]	
5.4.2	Class II-V Underground Injection wells	[X]	
5.5.1.A	RCRA subtitle C landfills	[X]	
5.5.1.B	Other landfills	[X]	
5.5.2	Land treatment/application farming	[X]	
5.5.3A	RCRA Subtitle C surface impoundments	[X]	
5.5.3B	Other surface impoundments	[X]	
5.5.4	Other disposal	[X]	

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Naphthalene

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **7**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **6**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **3**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Naphthalene

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	10	10	10	10
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	6	16	16	16
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	98484	64746	64746	64746
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	10	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Naphthalene

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Nickel Compounds	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM Telephone Number (include area code and ext.) 803-496-2200	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM Telephone Number (include area code and ext.) 803-496-2200	
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary) b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number		NA [] 869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Nickel Compounds

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	N495
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Nickel Compounds
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input checked="" type="checkbox"/> As an impurity		a. <input checked="" type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input checked="" type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[05] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	4.2	O	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	5.53	O	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Nickel Compounds

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

<div>EPA FORM R</div> <div>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</div>						TRI Facility ID Number			
						29448GNTCMPOBOX			
						Toxic Chemical, Category, or Generic Name			
						Nickel Compounds			
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA []			
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						MID000724831			
Off-Site Location Name:						MICHIGAN DISPOSAL			
Off-Site Address:						49350 I94 SERVICE DR.			
City	BELLEVILLE	County	Wayne	State	MI	ZIP	48111	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] No			
A. Total Transfer (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 . .01			1 . O		1 . M65				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				d. Waste Treatment Efficiency Estimate				

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Nickel Compounds

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] 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)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	9.96	9.73	9.73	9.73
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	.01	.01	.01	.01
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Nickel Compounds

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Nitric acid	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC		No U.S. Parent Company (for TRI Reporting purposes) []	
5.2		Parent Company's Dun & Bradstreet Number NA []		869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Nitric acid

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

7697372

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Nitric acid

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[03]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	124	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	14	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Nitric acid

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site		
5.4.1	Class I Underground Injection wells	[X]	
5.4.2	Class II-V Underground Injection wells	[X]	
5.5.1.A	RCRA subtitle C landfills	[X]	
5.5.1.B	Other landfills	[X]	
5.5.2	Land treatment/application farming	[X]	
5.5.3A	RCRA Subtitle C surface impoundments	[X]	
5.5.3B	Other surface impoundments	[X]	
5.5.4	Other disposal	[X]	

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Nitric acid

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **34**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **1**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **1**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Nitric acid

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	131	138	138	138
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	5	36	36	36
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	320787	296186	296186	296186
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	32	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Nitric acid

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name o-Xylene	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC		No U.S. Parent Company (for TRI Reporting purposes) []	
5.2		Parent Company's Dun & Bradstreet Number NA []		869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

o-Xylene

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	95476
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	o-Xylene
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[03] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	9	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	11	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

o-Xylene

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site		
5.4.1	Class I Underground Injection wells	[X]	
5.4.2	Class II-V Underground Injection wells	[X]	
5.5.1.A	RCRA subtitle C landfills	[X]	
5.5.1.B	Other landfills	[X]	
5.5.2	Land treatment/application farming	[X]	
5.5.3A	RCRA Subtitle C surface impoundments	[X]	
5.5.3B	Other surface impoundments	[X]	
5.5.4	Other disposal	[X]	

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

o-Xylene

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **48**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **4**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **2**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	o-Xylene

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	28	20	20	20
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	20	54	54	54
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	645244	419417	419417	419417
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	64	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
o-Xylene

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name p-Xylene	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility
				c. [] A Federal facility	d. [] GOCO
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary)	b. c. d. e. f.
4.7		Dun and Bradstreet Number(s) (9 digits)			
		a. NA			
		b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number		NA []	869563304

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

p-Xylene

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	106423
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	p-Xylene
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[04] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	16	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	14	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

p-Xylene

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

p-Xylene

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

[NA []]

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **12**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **60**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **7**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[**X**] 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	p-Xylene

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	40	30	30	30
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	23	79	79	79
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	807214	526201	526201	526201
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	81	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)		0.92		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
p-Xylene

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Phenanthrene	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM Telephone Number (include area code and ext.) 803-496-2200	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM Telephone Number (include area code and ext.) 803-496-2200	
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary) b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number NA [] 869563304			

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Phenanthrene

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	85018
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Phenanthrene
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[03] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	1	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	3	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Phenanthrene

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site		
5.4.1	Class I Underground Injection wells	[X]	
5.4.2	Class II-V Underground Injection wells	[X]	
5.5.1.A	RCRA subtitle C landfills	[X]	
5.5.1.B	Other landfills	[X]	
5.5.2	Land treatment/application farming	[X]	
5.5.3A	RCRA Subtitle C surface impoundments	[X]	
5.5.3B	Other surface impoundments	[X]	
5.5.4	Other disposal	[X]	

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Phenanthrene

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **4**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **3**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **2**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Phenanthrene

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	4	4	4
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	9	9	9
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	33741	33741	33741
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	[] Production ratio or [] Activity ratio (select one and enter value to right)		NA		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Phenanthrene

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Phenol	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number NA [] 869563304			

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Phenol

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

108952

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Phenol

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[03]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	0	0
5.2	Stack or point air emissions	NA <input type="checkbox"/>	4	0
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Phenol

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5 Disposal to land on-site			
5.4.1 Class I Underground Injection wells	[X]		
5.4.2 Class II-V Underground Injection wells	[X]		
5.5.1.A RCRA subtitle C landfills	[X]		
5.5.1.B Other landfills	[X]		
5.5.2 Land treatment/application farming	[X]		
5.5.3A RCRA Subtitle C surface impoundments	[X]		
5.5.3B Other surface impoundments	[X]		
5.5.4 Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

<div>EPA FORM R</div> <div>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</div>						TRI Facility ID Number			
						29448GNTCMPOBOX			
						Toxic Chemical, Category, or Generic Name			
						Phenol			
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA []			
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						OHD020273819			
Off-Site Location Name:						VICKERY ENVIRONMENTAL INC			
Off-Site Address:						3956 STATE ROUTE 412			
City	VICKERY	County	Sandusky	State	OH	ZIP	43464	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] No			
A. Total Transfer (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 . 15			1 . O		1 . M81				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				d. Waste Treatment Efficiency Estimate				

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Phenol

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	6	4	4	4
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	14	15	15	15
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	193233	134137	134137	134137
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	19	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Phenol

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Phosphorus (yellow or white)	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM Telephone Number (include area code and ext.) 803-496-2200	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM Telephone Number (include area code and ext.) 803-496-2200	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number NA [] 869563304			

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Phosphorus (yellow or white)

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

7723140

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Phosphorus (yellow or white)

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[03]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	2	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	1	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Phosphorus (yellow or white)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Phosphorus (yellow or white)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA []

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **6**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

OHD02073819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **3**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **3**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[**X**] 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Phosphorus (yellow or white)

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	2	3	3	3
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	20	12	12	12
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	42546	28639	28639	28639
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	3	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Phosphorus (yellow or white)

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Pyridine	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility
				c. [] A Federal facility	d. [] GOCO
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary)	b. c. d. e. f.
4.7		Dun and Bradstreet Number(s) (9 digits)			
		a. NA			
		b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number			869563304

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Pyridine

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	110861
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Pyridine
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[03] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	5	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	2	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Pyridine

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site		
5.4.1	Class I Underground Injection wells	[X]	
5.4.2	Class II-V Underground Injection wells	[X]	
5.5.1.A	RCRA subtitle C landfills	[X]	
5.5.1.B	Other landfills	[X]	
5.5.2	Land treatment/application farming	[X]	
5.5.3A	RCRA Subtitle C surface impoundments	[X]	
5.5.3B	Other surface impoundments	[X]	
5.5.4	Other disposal	[X]	

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Pyridine

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **7.92**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **1.6**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **.84**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Pyridine

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	3	7	7	7
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	10.36	10.36	10.36
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	41968	69538	69538	69538
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	4	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Pyridine

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Selenium Compounds	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility
				c. [] A Federal facility	d. [] GOCO
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary)	b. c. d. e. f.
4.7		Dun and Bradstreet Number(s) (9 digits)			
		a. NA			
		b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number			869563304

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Selenium Compounds

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

N725

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Selenium Compounds

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input checked="" type="checkbox"/> As an impurity		a. <input checked="" type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input checked="" type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[06]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	21.07	O	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	16.77	O	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Selenium Compounds

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Selenium Compounds

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA []

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **.45**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **.02**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **.24**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[**X**] 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Selenium Compounds

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[☒] 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)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[☒] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	37.84	37.84	37.84
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	.71	.71	.71
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [] Activity ratio (select one and enter value to right)	NA			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA <input checked="" type="checkbox"/>			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Selenium Compounds

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Styrene	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility
				c. [] A Federal facility	d. [] GOCO
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary)	b. c. d. e. f.
4.7		Dun and Bradstreet Number(s) (9 digits)			
		a. NA			
		b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number			869563304

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Styrene

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	100425
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Styrene
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[04] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	19	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	25	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Styrene

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site		
5.4.1	Class I Underground Injection wells	[X]	
5.4.2	Class II-V Underground Injection wells	[X]	
5.5.1.A	RCRA subtitle C landfills	[X]	
5.5.1.B	Other landfills	[X]	
5.5.2	Land treatment/application farming	[X]	
5.5.3A	RCRA Subtitle C surface impoundments	[X]	
5.5.3B	Other surface impoundments	[X]	
5.5.4	Other disposal	[X]	

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Styrene

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **105**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **7**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **4**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Styrene

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	48	44	44	44
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	12	116	116	116
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	1091245	910766	910766	910766
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	111	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Styrene

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Styrene oxide	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility
				c. [] A Federal facility	d. [] GOCO
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary)	b. c. d. e. f.
4.7		Dun and Bradstreet Number(s) (9 digits)			
		a. NA			
		b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number		NA []	869563304

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Styrene oxide

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

96093

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Styrene oxide

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[04]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	7	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	28	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Styrene oxide

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Styrene oxide

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **8**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **121**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **4**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Styrene oxide

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	36	35	35	35
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	14	133	133	133
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	1165792	1050833	1050833	1050833
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	118	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Styrene oxide

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name tert-Butyl alcohol	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC		No U.S. Parent Company (for TRI Reporting purposes) []	
5.2		Parent Company's Dun & Bradstreet Number NA []		869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

tert-Butyl alcohol

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	75650
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	tert-Butyl alcohol
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[03] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	6	O	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	11	O	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

tert-Butyl alcohol

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

<div>EPA FORM R</div> <div>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</div>						TRI Facility ID Number			
						29448GNTCMPOBOX			
						Toxic Chemical, Category, or Generic Name			
						tert-Butyl alcohol			
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA []			
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						OHD020273819			
Off-Site Location Name:						VICKERY ENVIRONMENTAL INC			
Off-Site Address:						3956 STATE ROUTE 412			
City	VICKERY	County	Sandusky	State	OH	ZIP	43464	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] No			
A. Total Transfer (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 . 46			1 . O		1 . M81				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				d. Waste Treatment Efficiency Estimate			

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	tert-Butyl alcohol

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	22	17	17	17
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	3	46	46	46
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	562938	394113	394113	394113
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	57	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
tert-Butyl alcohol

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Tetrachloroethylene	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility
				c. [] A Federal facility	d. [] GOCO
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary)	b. c. d. e. f.
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number		NA [] 869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Tetrachloroethylene

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

127184

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Tetrachloroethylene

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[03]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	7	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	0	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Tetrachloroethylene

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

<div>EPA FORM R</div> <div>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</div>						TRI Facility ID Number					
						29448GNTCMPOBOX					
						Toxic Chemical, Category, or Generic Name					
						Tetrachloroethylene					
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA []					
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						OHD020273819					
Off-Site Location Name:						VICKERY ENVIRONMENTAL INC					
Off-Site Address:						3956 STATE ROUTE 412					
City	VICKERY		County	Sandusky		State	OH	ZIP	43464	Country (Non-US)	
Is location under control of reporting facility or parent company?								[] Yes [X] No			
A. Total Transfer (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 . 8			1 . O			1 . M81					
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY											
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				d. Waste Treatment Efficiency Estimate					

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Tetrachloroethylene**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

[] 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. **U01****SECTION 7C. ON-SITE RECYCLING PROCESSES**

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	35	7	7	7
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	12	8	8	8
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	383790	73863	73863	73863
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)		0.92		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [X]		
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Tetrachloroethylene

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Thallium Compounds	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility	b. [] Part of a facility
				c. [] A Federal facility	d. [] GOCO
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	Telephone Number (include area code and ext.) 803-496-2200
4.5		NAICS Code(s) (6 digits)		a. 327310 (Primary)	b. c. d. e. f.
4.7		Dun and Bradstreet Number(s) (9 digits)			
		a. NA			
		b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number		NA [] 869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Thallium Compounds

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

N760

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Thallium Compounds

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input checked="" type="checkbox"/> As an impurity		a. <input checked="" type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input checked="" type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[05]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	5.11	O	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	31.79	O	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Thallium Compounds

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Thallium Compounds

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **16.28**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **.26**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **.14**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Thallium Compounds

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] 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)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	35.39	36.9	36.9	36.9
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	.46	16.68	16.68	16.68
8.1d	Total other off-site disposal or other releases	.13	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Thallium Compounds

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Titanium tetrachloride	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number NA [] 869563304			

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Titanium tetrachloride

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

7550450

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Titanium tetrachloride

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[03]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	4	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	2	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Titanium tetrachloride

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Titanium tetrachloride

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA []

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **12**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

OHD02073819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **9**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **6**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[**X**] 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Titanium tetrachloride**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

[] 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. **U01****SECTION 7C. ON-SITE RECYCLING PROCESSES**

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	6	6	6	6
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	30	27	27	27
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	155955	81041	81041	81041
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	14	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)		0.92		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [X]		
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Titanium tetrachloride

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX Toxic Chemical, Category, or Generic Name Toluene	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) <div style="text-align: center;">[] []</div>		Withdrawal (Enter up to two code(s)) <div style="text-align: center;">[] []</div>	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; attach substantiation forms) <input checked="" type="checkbox"/> NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "Yes" in 2.1)			
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: File Copy Only: Do Not Submit Paper Form to EPA		Signature: File Copy Only: Do Not Submit Paper Form to EPA		Date Signed: XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)			Mailing Address (if different from physical street address) PO BOX 218		
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448			City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)
4.2		This report contains information for : (Important: check a or b; check c or d if applicable)		a. <input checked="" type="checkbox"/> An Entire facility b. <input type="checkbox"/> Part of a facility c. <input type="checkbox"/> A Federal facility d. <input type="checkbox"/> GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Telephone Number (include area code and ext.) 803-496-2200	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) <input type="checkbox"/>
5.2		Parent Company's Dun & Bradstreet Number NA <input type="checkbox"/>		869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Toluene

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	108883
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Toluene
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[04] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	257	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	113	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Toluene

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Toluene

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS | NA []

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

OHD020273819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **350**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **10**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

[] Yes [**X**] NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **5**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[**X**] 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Toluene

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	165	370	370	370
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	31	365	365	365
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	1359408	3034890	3034890	3034890
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	137	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)		0.92		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Toluene

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Trichloroethylene	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC		No U.S. Parent Company (for TRI Reporting purposes) []	
5.2		Parent Company's Dun & Bradstreet Number NA []		869563304	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Trichloroethylene

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	79016
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Trichloroethylene
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[02] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	11	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	1	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Trichloroethylene

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

<div>EPA FORM R</div> <div>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</div>						TRI Facility ID Number					
						29448GNTCMPOBOX					
						Toxic Chemical, Category, or Generic Name					
						Trichloroethylene					
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA []					
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						OHD020273819					
Off-Site Location Name:						VICKERY ENVIRONMENTAL INC					
Off-Site Address:						3956 STATE ROUTE 412					
City	VICKERY		County	Sandusky		State	OH	ZIP	43464	Country (Non-US)	
Is location under control of reporting facility or parent company?								[] Yes [X] No			
A. Total Transfer (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 . 4				1 . O		1 . M81					
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY											
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				d. Waste Treatment Efficiency Estimate					

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Trichloroethylene

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	12	12	12	12
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	4	4	4
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	36139	32301	32301	32301
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	4	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Trichloroethylene

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Vinyl acetate	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number NA [] 869563304			

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Vinyl acetate

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	108054
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Vinyl acetate
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[03] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	87	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	10	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Vinyl acetate

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

<div>EPA FORM R</div> <div>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</div>						TRI Facility ID Number			
						29448GNTCMPOBOX			
						Toxic Chemical, Category, or Generic Name			
						Vinyl acetate			
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA []			
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						OHD020273819			
Off-Site Location Name:						VICKERY ENVIRONMENTAL INC			
Off-Site Address:						3956 STATE ROUTE 412			
City	VICKERY	County	Sandusky	State	OH	ZIP	43464	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] No			
A. Total Transfer (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 . 27			1 . O		1 . M81				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
[X] 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. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				d. Waste Treatment Efficiency Estimate				

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Vinyl acetate

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[] 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. **U01**

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	97	97	97
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	27	27	27
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	231425	231425	231425
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	[] Production ratio or [] Activity ratio (select one and enter value to right)		NA		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [X]		
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Vinyl acetate

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Xylene (mixed isomers)	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important:</u> check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number NA [] 869563304			

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Xylene (mixed isomers)

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in 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.)
	1330207
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Xylene (mixed isomers)
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 completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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	[04] (Enter two-digit code from instruction package.)
-----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	43	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	56	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Xylene (mixed isomers)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Xylene (mixed isomers)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **35**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

OHD02073819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **171**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **18**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Xylene (mixed isomers)**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

[] 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. **U01****SECTION 7C. ON-SITE RECYCLING PROCESSES**

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	132	99	99	99
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	65	224	224	224
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	2386750	1504991	1504991	1504991
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	239	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)		0.92		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [X]		
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Xylene (mixed isomers)

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

EPA United States Environmental Protection Agency		FORM R 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 29448GNTCMPOBOX	
				Toxic Chemical, Category, or Generic Name Zinc Compounds	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2015					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)			
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:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		29448GNTCMPOBOX	
Facility or Establishment Name GIANT CEMENT CO					
Street HWY 453 & I-26 (654 JUDGE ST)		Mailing Address (if different from physical street address) PO BOX 218			
City/County/Tribe/State/ZIP Code HARLEYVILLE / Dorchester / BIA Code: / SC / 29448		City/State/ZIP Code HARLEYVILLE / SC / 29448		Country (Non-US)	
4.2		This report contains information for : (<u>Important</u> : check a or b; check c or d if applicable)		a. [X] An Entire facility b. [] Part of a facility c. [] A Federal facility d. [] GOCO	
4.3		Technical Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.4		Public Contact name EDWARD (SONNY) F. DOUGHERTY, JR.		Email Address SONNY.DOUGHERTY@GCPV.COM	
4.5		NAICS Code(s) (6 digits) a. 327310 (Primary)		b. c. d. e. f.	
4.7		Dun and Bradstreet Number(s) (9 digits) a. NA b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes) GIANT CEMENT HOLDING INC			No U.S. Parent Company (for TRI Reporting purposes) []
5.2		Parent Company's Dun & Bradstreet Number NA [] 869563304			

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Zinc Compounds

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

N982

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Zinc Compounds

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 completed Section 1.)

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import					
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid 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 **[04]** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	0	O
5.2	Stack or point air emissions	NA <input type="checkbox"/>	110	O
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	NA			

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Zinc Compounds

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [**X**]

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

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

TRI Facility ID Number

29448GNTCMPOBOX

Toxic Chemical, Category, or Generic Name

Zinc Compounds

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

MID000724831

Off-Site Location Name:

MICHIGAN DISPOSAL

Off-Site Address:

49350 I94 SERVICE DR.

City

BELLEVILLE

County

Wayne

State

MI

ZIP

48111Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **.3**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

OHD02073819

Off-Site Location Name:

VICKERY ENVIRONMENTAL INC

Off-Site Address:

3956 STATE ROUTE 412

City

VICKERY

County

Sandusky

State

OH

ZIP

43464Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **.4**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M81**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

TXD069452340

Off-Site Location Name:

US ECOLOGY

Off-Site Address:

3277 CR 69

City

ROBSTOWN

County

Nueces

State

TX

ZIP

78380Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (pounds/year*)
(Enter range code** or estimate)1 . **.16**B. Basis of Estimate
(Enter code)1 . **O**C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (Enter code)1 . **M65**

SECTION 7A. ONSITE 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. Waste Treatment Method(s) Sequence
[enter 3-character code(s)]d. Waste Treatment
Efficiency
Estimate

*For Dioxin and Dioxin-like Compounds, report in grams/year

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	29448GNTCMPOBOX
	Toxic Chemical, Category, or Generic Name
	Zinc Compounds

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] 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)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	6741.22	110	5665.01	5665.01
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	1.16	.86	.86	.86
8.1d	Total other off-site disposal or other releases	.29	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)	0.92			
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
29448GNTCMPOBOX
Toxic Chemical, Category, or Generic Name
Zinc Compounds

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment