

01/14/11 - 6:45:45

Tier Two Emergency and Hazardous Chemical Inventory Reporting Period From January 1 to December 31, 2010

Facility Identification Name Etowah River Terminal Street 1015 Barlow Drive City Charleston County Kanawha State WV Zip 25311 Latitude 38.368056 Longitude -81.606667 Country USA		Owner/Operator Name Name Denny Farrell Phone 304-552-2919 Mail Address 1384 Poca River Road, North City Poca State WV Zip 25159 Country USA	
Mailing Address (if different from facility address) Street P.O. Box 713 City Charleston State WV Zip 25323 Country USA NAICS Code 42269 Dun & Brad Number FEB 28 2011		Emergency Contact Name Mike Burdette Title Director of Operations Phone 304-941-7316 24 Hr. Phone Name Phone Title Phone 24 Hr. Phone	

Chemical Description	Physical and Health Hazards	Inventory	Container Type	Pressure	Temperature	Storage Codes and Locations (Non-Confidential)
<input checked="" type="checkbox"/> Check if all of the information for this chemical is identical to the information submitted last year CAS Trade Secret <input type="checkbox"/> Chem. Name Ammonium lignosulfonate Check All That Apply: Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	05 Max. Daily Amount (code) 05 Avg. Daily Amount (code) 365 No. of Days On-site (days)	A	1	4	Tank 406
<input checked="" type="checkbox"/> Check if all of the information for this chemical is identical to the information submitted last year CAS 10043-52-4 Trade Secret <input type="checkbox"/> Chem. Name Calcium chloride solution Check All That Apply: Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	07 Max. Daily Amount (code) 06 Avg. Daily Amount (code) 365 No. of Days On-site (days)	A	1	4	Tanks 403-405

Certification (Read and sign after completing all sections)
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 3, and that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete.

Mike Burdette - Director of Operations
 Name and official title of owner/operator OR owner/operator's authorized representative

Signature: *Mike Burdette*
 Date signed: 02/23/2011

Optional Attachments
 I have attached a site plan
 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguards measures

Chemical Description		Physical and Health Hazards		Inventory	Container Type	Pressure	Temperature	Storage Codes and Locations (Non-Confidential)
<input checked="" type="checkbox"/>	<p>Check if all of the information for this chemical is identical to the information submitted last year</p> <p>CAS 56-81-5</p> <p>Chem. Name Crude glycerin, recovered</p> <p>Check All That Apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS</p>	<p><input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Reactivity</p> <p><input checked="" type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	07	A	1	4	Tanks 393, 394, 398-402	
<input type="checkbox"/>	<p>Check if all of the information for this chemical is identical to the information submitted last year</p> <p>CAS</p> <p>Chem. Name Fatty acids, recovered</p> <p>Check All That Apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS</p>	<p><input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Reactivity</p> <p><input checked="" type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	05	A	1	4	Tank 395	
<input checked="" type="checkbox"/>	<p>Check if all of the information for this chemical is identical to the information submitted last year</p> <p>CAS</p> <p>Chem. Name Magnafloc 156</p> <p>Check All That Apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS</p>	<p><input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Reactivity</p> <p><input checked="" type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	04	J	1	4	Warehouse	
<input checked="" type="checkbox"/>	<p>Check if all of the information for this chemical is identical to the information submitted last year</p> <p>CAS 26062-79-3</p> <p>Chem. Name Magnafloc 368</p> <p>Check All That Apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS</p>	<p><input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Reactivity</p> <p><input checked="" type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	04	J	1	4	Warehouse	

Chemical Description

**Storage Codes and Locations
(Non-Confidential)**

Chemical Description		Physical and Health Hazards		Inventory	Container Type	Pressure	Temperature	Storage Codes and Locations (Non-Confidential)
<input checked="" type="checkbox"/> Check if all of the information for this chemical is identical to the information submitted last year CAS 34885-03-5 Trade Secret <input type="checkbox"/> Chem. Name MCHM Check All That Apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)		05 Max. Daily Amount (code) 05 Avg. Daily Amount (code) 365 No. of Days On-site (days)	A	1	4	Tanks 396-397
<input checked="" type="checkbox"/> Check if all of the information for this chemical is identical to the information submitted last year CAS 497-19-8 Trade Secret <input type="checkbox"/> Chem. Name Soda ash Check All That Apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)		04 Max. Daily Amount (code) 04 Avg. Daily Amount (code) 365 No. of Days On-site (days)	J	1	4	Warehouse
<input checked="" type="checkbox"/> Check if all of the information for this chemical is identical to the information submitted last year CAS 69418-26-4 Trade Secret <input type="checkbox"/> Chem. Name Zetag 7645 Check All That Apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)		04 Max. Daily Amount (code) 04 Avg. Daily Amount (code) 365 No. of Days On-site (days)	J	1	4	Warehouse