ARG670000 Checklist

ARG67 <u>0868</u>	Ne	ew	■ Renewal	■ Modifica	ation
Permit Fee:	Disclosure Statement:		Sec. of State Check:		
Does the facility have any other NPDES permit: No			, verify any overla	<u></u>	
Discharge Path: vege	tated surface, Illinois I	Bayou, Lake [Dardanelle, Arka	nsas River	
HUC: <u>11110202</u>	Stream Segment: _	3H_			
Potential Losing Stream	am Area: No	☐ Yes			
Natural/Scenic Water	r: No	☐ Yes: _		Distance: _	
Extraordinary Resour	ce Water: 🔲 No	Yes: _	Illinois Bayou	Distance: <u>0.0</u>	5 miles
Ecologically Sensitive	Waterbody: 🔲 No	Yes: _		Distance: _	
303 (d) list Impaired:	None				
					Distance:
☐ Cate	gory 4 – Waterbody:		Source/Ca	use:	Distance:
Test Water Source: Pipeline/Vessel Cond Pipe/Vessel Material: Typical fluid: Corrosion inhibitors: → If Yes, MSDS sho Date sent to Tech. Comments:	ition(s) Discharge: 6,255 Gl Russellville City Wa ition: Used Concrete No Yes eets included for every Services Manager:	ter Virgi v additive?	Response Date:_		
	ent for non-compliand		<u>. </u>	based on Disclosu	ire Statement)
_	nly water used for hyd	rostatic testi	ng: 🔳		
<0.1 mg/l of chlorine	_	ffluent limits	in permit:		
No lubricants with PC	re not monitored by e	muent iiinits	iii periiiit: 🔲		
Other Comments:	_	a with Daniel	Hollinger the	ancultant on Mar	rch 21 2017
other confinents.	Phone conversation	i with Daniel	rioninger, the to	onsultant, On Mai	CII ZI, ZUI/



Search Incorporations, Cooperatives, Banks and Insurance Companies

Printer Friendly Version

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

Begin New Search

For service of process contact the Secretary of State's office.

NATGUN CORPORATION Corporation Name

Fictitious Names

Filing # 100063841

Filing Type Foreign For Profit Corporation Filed under Act For Bus Corp; 958 of 1987

Status Good Standing

Principal Address

NATIONAL REGISTERED AGENTS, INC. OF AR Reg. Agent

124 W CAPITOL AVE, STE 1900 Agent Address

LITTLE ROCK, AR 72201

Date Filed 09/02/1980

Officers

SEE FILE, Incorporator/Organizer CHARLES E. CROWLEY, President DONNA O'DONNELL, Secretary DONALD (SENIOR) PAULA, Vice-President DONALD PAULA, Treasurer

N/A Foreign Name

Foreign Address

State of Origin MA

Purchase a Certificate of Good Standing for this Entity

Pay Franchise Tax for this corporation

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY NOTICE OF INTENT

PIPELINE HYDROSTATIC TESTING DISCHARGE NPDES GENERAL PERMIT ARG670000

Application Type: New 🖫 Renewa	Permit # ARG67
PERMITTEE/OPERATOR INFORMATION	AFIN#
Permittee (Legal Name): NAT 6UN CORP.	Operator Type:
Permittee Mailing Address: 11 Tegl Rua D	State Partnership
Permittee City: Wakefiell	Federal Corporation*
Permittee State: MA Zip: 0185	Sole Proprietorship/Private
Permittee Telephone Number: 972-823-3300	*State of Incorporation: MA
Permittee Fax Number: 972-823 -3333	The legal name of the Permittee must be identical to the name listed with the
Permittee E-mail Address: PATRILL. Mcinernya	deficied to the halfe fisted with the
DN TANKS. ON	1
I. INVOICE MAILING INFORMATION	
Invoice Contact Person: PATRICK MCINEAN	y City: Grand Prairie
·	•
Invoice Mailing Company: NAT 6UN CORP.	State: Tx Zip: 750 S
·	State: Tx Zip: 750 S
Invoice Mailing Company: NAT 6UN CORP.	State: Tx Zip: 750 S
Invoice Mailing Company: PAT GUN CORP. Invoice Mailing Address: YIO E. Trivity Blud II. FACILITY INFORMATION	State: TX Zip: 750 State: TX Prelephone: 972 8 23 3300
Invoice Mailing Company: PAT GUN CORP. Invoice Mailing Address: YIO E. Trivity Blud II. FACILITY INFORMATION Facility Name: Pussellville Water System Fa	State: TX Zip: 750 State: TX Zip: 750 State: 912 8 23 3300
Invoice Mailing Company: PAT GUN CORP. Invoice Mailing Address: 410 E. Trinity Blud II. FACILITY INFORMATION Facility Name: 4455ellville Water Source System Facility Address: 690 Water Works Read	State: TX Zip: 750 Signature: 772 8 23 3300 Accility Contact Person: Jungther Ship: Contact Title: Plant Manager
Invoice Mailing Company: PAT GUN CORP. Invoice Mailing Address: 410 E. Trinity Blud II. FACILITY INFORMATION Facility Name: 4455ellville Water System Facility Address: 690 Water Works Read Facility County: POPE County Contact	State: TX Zip: 750 State: TX Zip: 750 State: Telephone: 912 8 23 3300 Accility Contact Person: Junathm Ship: Contact Title: Plant Manager State: 119 968 - 1148
Invoice Mailing Company: PAT GUN CORP. Invoice Mailing Address: 410 E. Trinity Blud II. FACILITY INFORMATION Facility Name: Pussellville Water Source System Facility Address: 690 Water Works Read Facility County: Pope County Contact	State: TX Zip: 750 Signature: 772 8 23 3300 Accility Contact Person: Jungther Ship: Contact Title: Plant Manager
Invoice Mailing Company: PAT GUN CORP. Invoice Mailing Address: 410 E. Trinity Blud II. FACILITY INFORMATION Facility Name: 4455ellville Water System Facility Address: 690 Water Works Read Facility County: POPE County Contact	State: TX Zip: 750 Sign Telephone: 972 8 23 3300 Acility Contact Person: Junathon Ship Contact Title: Plant Manager Contact E-mail: Type of Business:
Invoice Mailing Company: PAT GUN CORP. Invoice Mailing Address: YIO E. Trinity Blud II. FACILITY INFORMATION Facility Name: Pussellville Water Source System Facility Address: GOO Water Works Read Facility County: POPE County Contact Facility City, State & Zip: MSSILville AR 72802	State: TX Zip: 750 Sign Telephone: 972 8 23 3300 Acility Contact Person: Jonathin Ship Contact Title: Plant Manager Type of Business: 419 968 - 1148
Invoice Mailing Company: NAT GUN CORP. Invoice Mailing Address: 410 E. Trinity Blud II. FACILITY INFORMATION Facility Name: 445 Elluille Water Source System Facility Address: 690 Water Works Road Facility County: Pope County Contact Facility City, State & Zip: 445 Elluille AR 72802 Facility SIC Code: Facility NAICS Code: Facility Latitude: 35 Deg 20 Min 19.5 Sec Facility Accuracy: Method: 6009 Datum: 440	State: TX Zip: 750 State: TX Zip: 750 State: Telephone: 972 8 23 3300 Accility Contact Person: Junathm Ship: Contact Title: Plant Manager 179 969 - Lius Contact E-mail: Type of Business: Longitude: 93 Deg 8 Min Sec
Invoice Mailing Company: NAT GUN CORP. Invoice Mailing Address: 410 E. Trinity Blud II. FACILITY INFORMATION Facility Name: 44556 400 Water Works Read Facility County: 400 Water Works Read Facility City, State & Zip: 4550 4550 4550 Facility SIC Code: Facility NAICS Code: Facility Latitude: 35 Deg 20 Min 19.55Sec Facility	State: TX Zip: 750 State: Tx Zip: 750 State: Telephone: 972 8 23 3300 Accility Contact Person: Junathm Ship Section of Business: Type of Business: Longitude: 93 Deg 8 Min Section of Business: Tank Longitude: 93 Description: Tank Longitude: Tank Longitude: 100 Section of Business: 100

^{*}If the answer is NO, do not submit the NOI for permit coverage.

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY NOTICE OF INTENT

PIPELINE HYDROSTATIC TESTING DISCHARGE NPDES GENERAL PERMIT ARG670000

Outfall Number:	1						
Stream Segment:	1 1/2	1 —-	see be	low			
Hydrologic Basin Code:	- W.			VJW			
Outfall Latitude:	· · · · · · · · · · · · · · · · · · · 	0			,		79
Outfall Longitude:	 	-			,		
County:	 	Щ.			.1		
Start Date:	 	En	d Date:				
Name of Receiving Stream:	 - 	E	u Date:				
Are any of the Receiving Stre	ome on the let	204					
Clean Water Act section 303 (c							
waters or have an approved Ti							
the Receiving Streams.	vide: If yes,	ist					
Estimated Volume of Discharge			· · · · · · · · · · · · · · · · · · ·				
Estimated Volume of Discharge:	<u> </u>					gallons	
		 	·			MGD	
Source of Test Water:			114	, F	100		
Pipeline/Vessel:			Used \[\]	/irgin [Other		
Describe material from which p	openne/vessel w	as					
constructed:							
Type of fluid normally cont	ained/transport	ed					}
through pipe/vessel:							
Are Corrosion Inhibitors Used?		_					
Does pipeline use compre		its 📙	Yes \[\] No)			
containing polychlorinated bipho	enyls (PCBs)?						
Outfall Number:	Γ						
Stream Segment:						 	
Hydrologic Basin Code:	110 4 -						
Outfall Latitude:	111 1020	3			,	140 = 6	79
Outfall Longitude:	35	0	20		, —	19.55	
	93		8		L	45.52	- 1"
County:	POPE	1 5	1.0				
Start Date:	750.5		d Date:				
Name of Receiving Stream:	Illinois		You				
Are any of the Receiving Stream							
Clean Water Act section 303 (d							
waters or have an approved TM	ADL? If yes, I	ist					
the Receiving Streams.							
Estimated Volume of Discharge:			<u>800,00</u>	0		gallons	
Estimated Rate of Discharge:			800,00	0		MGD	
Source of Test Water:			rain S	919 Sh	PAD) 	
Pipeline/Vessel:			Used 🔲 V	irgin 🔀	Other	NEW WATE	e Storage T
Describe material from which p	ipeline/vessel w	as c	norete				
constructed:			MUZTE	tan	ונ		
Type of fluid normally conta	ained/transporte	ed p	otable	(.) -4	L		
through pipe/vessel:				wa		<u> </u>	
Are Corrosion Inhibitors Used?:			50				
Does pipeline use compre		ts 🗀	Yes 🔀 No)			
containing polychlorinated biphe	nule (PCRe)?	1					ľ

Additional Outfalls can be added using separate attached pages.

WATER DIVISION

5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118 PHONE 501-682-0623 / FAX 501-682-0880

www.adeq.state.ar.us

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY NOTICE OF INTENT PIPELINE HYDROSTATIC TESTING DISCHARGE NPDES GENERAL PERMIT ARG670000

V. FACILITY PERMIT INF	ORMAT	ION	
NPDES	Individua	l Permit Number (If Applicable):	AR00
NPDI	ARG		
		n Permit Number(If Applicable):	
NPDES General Construction S	tormwate	r Permit Number (If Applicable):	ARR15
VI. OTHER INFORMATIO	N:		
Additional Location Description			
Additional Comments:			
Consultant Contact Name:	Pan	i'd Hollinger Go	rver USA
Consultant Email Address:			usacom
Consultant Address:		City:	State: Zip:
Consultant Phone Number:	0153	57 323 6 Consultant Fa	ax Number:
certification or operational authority statement with their applications.	y issued b The filin ubmit a ne	y the Arkansas Department of En g of a disclosure statement is m ew disclosure statement even if yo	e issuance or transfer of any permit, license, vironmental Quality (ADEQ) file a disclosure andatory. No application can be considered by have one on file with the Department. The closure stmt.pdf.
VII. PERMIT REQUIREMENT Please check the following to v		ICATION pletion of permit requirements.	
	Yes	No * If No is answered for any o	f the questions, then a permit can not be issued!
Submittal of Complete NOI? Submittal of Required Permit	N		
Fee?	M	Check Number: 446	157
Submittal of Site Map?	130		
Submittal of Disclosure Statement?	×		

WATER DIVISION
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880

www.adeq.state.ar.us

Revised 04/24/2012

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY NOTICE OF INTENT PIPELINE HYDROSTATIC TESTING DISCHARGE NPDES GENERAL PERMIT ARG670000

CERTIFICATION OF OPERATOR

Cognizant Official Email:

(Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas." (Initial) "I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed only by the Applicant." (Initial) "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true. accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations." Responsible Official Printed Name: Donna O'Donnell Secretary Title: March 10, 2017 Responsible Official Signature: Date: donna.odonnell@dntanks.com Responsible Official Email: Cognizant Official Printed Name: Robert J. Walsh Title: V. P. Construction Cognizant Official Signature: Date:

Bob.Walsh@dntanks.com

March 10, 2017

972-823-3300

Telephone:

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

Instructions for the Completion of this Document: A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18. B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18. C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 4, and 6 through 18. If Not Submitting by ePortal, Mail Original to: **ADEQ** DISCLOSURE STATEMENT [List Proper Division(s)] **5301 Northshore Drive** North Little Rock, AR 72118-5317 1. APPLICANT: (Full Name) Natgun Corporation 2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) : 410 E Trinity Blvd 3. CITY, STATE, AND ZIPCODE: Grand Prairie, TX 75050 4a. Applicant Type: Individual X Corporate or Other Entity 4b. Reason for Submission: x Permit License Certification Operational Authority X New Application Modification Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.) 4c. Division: Air Water Hazardous Waste Regulated Storage Tank Mining Solid Waste 5. Declaration of No Changes:

The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the

last Disclosure Statement that was filed with ADEQ on

6. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, licenses, certifications or operational authorization relating to environmental regulation. (Attach additional pages, if necessary.)
Natgun Corpration has built several ground water storage tanks in Arkansas over the past 25
years.
7. List and explain all civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the Applicant * in the last ten (10) years including:
 Administrative enforcement actions resulting in the imposition of sanctions; Permit or license revocations or denials issued by any state or federal authority; Actions that have resulted in a finding or a settlement of a violation; and
 Administrative enforcement actions resulting in the imposition of sanctions; Permit or license revocations or denials issued by any state or federal authority;
 Administrative enforcement actions resulting in the imposition of sanctions; Permit or license revocations or denials issued by any state or federal authority; Actions that have resulted in a finding or a settlement of a violation; and Pending actions.
1. Administrative enforcement actions resulting in the imposition of sanctions; 2. Permit or license revocations or denials issued by any state or federal authority; 3. Actions that have resulted in a finding or a settlement of a violation; and 4. Pending actions. (Attach additional pages, if necessary.)
1. Administrative enforcement actions resulting in the imposition of sanctions; 2. Permit or license revocations or denials issued by any state or federal authority; 3. Actions that have resulted in a finding or a settlement of a violation; and 4. Pending actions. (Attach additional pages, if necessary.)
1. Administrative enforcement actions resulting in the imposition of sanctions; 2. Permit or license revocations or denials issued by any state or federal authority; 3. Actions that have resulted in a finding or a settlement of a violation; and 4. Pending actions. (Attach additional pages, if necessary.)
1. Administrative enforcement actions resulting in the imposition of sanctions; 2. Permit or license revocations or denials issued by any state or federal authority; 3. Actions that have resulted in a finding or a settlement of a violation; and 4. Pending actions. (Attach additional pages, if necessary.)
1. Administrative enforcement actions resulting in the imposition of sanctions; 2. Permit or license revocations or denials issued by any state or federal authority; 3. Actions that have resulted in a finding or a settlement of a violation; and 4. Pending actions. (Attach additional pages, if necessary.)
1. Administrative enforcement actions resulting in the imposition of sanctions; 2. Permit or license revocations or denials issued by any state or federal authority; 3. Actions that have resulted in a finding or a settlement of a violation; and 4. Pending actions. (Attach additional pages, if necessary.)
1. Administrative enforcement actions resulting in the imposition of sanctions; 2. Permit or license revocations or denials issued by any state or federal authority; 3. Actions that have resulted in a finding or a settlement of a violation; and 4. Pending actions. (Attach additional pages, if necessary.)
1. Administrative enforcement actions resulting in the imposition of sanctions; 2. Permit or license revocations or denials issued by any state or federal authority; 3. Actions that have resulted in a finding or a settlement of a violation; and 4. Pending actions. (Attach additional pages, if necessary.)
1. Administrative enforcement actions resulting in the imposition of sanctions; 2. Permit or license revocations or denials issued by any state or federal authority; 3. Actions that have resulted in a finding or a settlement of a violation; and 4. Pending actions. (Attach additional pages, if necessary.)

8. List all officers of the Applicant. (Add addition	nal pages, if necessary.)
NAME: Charles E. Crowley	TITLE: Preident/ Chief Executive Officer / Din
STREET: 11 Teal Road	
CITY, STATE, ZIP: Wakefield, MA 01880	
NAME: Donald Paula	TITLE: Sr. VIce President / CFO / Treasurer
STREET: 11 Teal Road	
CITY, STATE, ZIP: Wakedfield Ma, 01880	
NAME: Donna O ' Donnell	TITLE: Secretary
STREET: 11 Teal Road	
CITY, STATE, ZIP: Wakefield MA 01880	
9. List all directors of the Applicant. (Add additi	onal pages, if necessary.)
NAME: William F. Crowley STREET: 11 Teal Road	TITLE: Director
CITY, STATE, ZIP: Wakefield MA 01880	
NAME: William J. Hendrickson	TITLE: Director
STREET: 351 Cypress Lane	
CITY, STATE, ZIP: El Cajon, CA 92020	
NAME: David R. Gourley	TITLE: Director
STREET: 351 Cypress Lane	TILE.
CITY, STATE, ZIP: El Cajon, CA 92020	
CITY, STATE, ZIP: El Cajon, CA 92020	
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit	ional pages, if necessary.)
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit	
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A	TITLE:
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET:	TITLE:
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET:	TITLE:
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET: CITY, STATE, ZIP:	TITLE:
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET: CITY, STATE, ZIP: NAME:	_ TITLE:
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET: CITY, STATE, ZIP: NAME: STREET:	TITLE:
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET: CITY, STATE, ZIP: NAME: STREET:	TITLE:
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: CITY, STATE, ZIP	TITLE:
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET: CITY, STATE, ZIP: NAME:	TITLE:
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: STREET: CITY, STATE, ZIP: STREET:	TITLE:
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET: CITY, STATE, ZIP: NAME:	TITLE:
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET: CITY, STATE, ZIP: STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: STREET: ST	TITLE: TITLE: TITLE: a supervisory capacity or with authority over operations of the facility subject to this application.
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: Robert J Walsh	TITLE: TITLE: a supervisory capacity or with authority over operations of the facility subject to this application.
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: Robert J Walsh STREET: 410 E. T‡rinity Blvd	TITLE: TITLE: TITLE: a supervisory capacity or with authority over operations of the facility subject to this application. TITLE: V.P. Construction.
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: Robert J Walsh	TITLE: TITLE: TITLE: a supervisory capacity or with authority over operations of the facility subject to this application. TITLE: V.P. Construction
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: Robert J Walsh STREET: 410 E. T‡rinity Blvd	TITLE: TITLE: TITLE: a supervisory capacity or with authority over operations of the facility subject to this application. TITLE: V.P. Construction
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: STREET: Grand Prairie TX 750: CITY, STATE, ZIP: CITY, STATE,	TITLE: TITLE: TITLE: a supervisory capacity or with authority over operations of the facility subject to this application. TITLE: V.P. Construction
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: STREET: CITY, STATE, ZIP: STREET: Grand Prairie TX 750: NAME: STREET: Grand Prairie TX 750: NAME: STATE, ZIP: Grand Prairie TX 750: NAME: STATE, ZIP: ZIP: ZIP: ZIP: ZIP: ZIP: ZIP: ZIP:	TITLE: TITLE: a supervisory capacity or with authority over operations of the facility subject to this application. TITLE: V.P. Construction
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: 11. List all persons employed by the Applicant in NAME: Robert J Walsh STREET: 410 E. Tţrinity Blvd CITY, STATE, ZIP: Grand Prairie TX 750: NAME: STREET: CITY, STATE, ZIP: Grand Prairie TX 750: NAME: STREET:	TITLE: TITLE: TITLE: a supervisory capacity or with authority over operations of the facility subject to this application. TITLE: V.P. Construction TITLE:
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: 11. List all persons employed by the Applicant in NAME: Robert J Walsh STREET: 410 E. Tţrinity Blvd CITY, STATE, ZIP: Grand Prairie TX 750: NAME: STREET: CITY, STATE, ZIP: Grand Prairie TX 750: NAME: STREET:	TITLE: TITLE: a supervisory capacity or with authority over operations of the facility subject to this application. TITLE: V.P. Construction.
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: STREET: CITY, STATE, ZIP: STREET: CITY, STATE, ZIP: STREET: 410 E. T‡rinity Blvd CITY, STATE, ZIP: Grand Prairie TX 750: NAME: STREET: CITY, STATE, ZIP: CITY, STATE, ZIP: CITY, STATE, ZIP: STREET: ST	TITLE: TITLE: TITLE: a supervisory capacity or with authority over operations of the facility subject to this application. TITLE: V.P. Construction TITLE:
CITY, STATE, ZIP: _El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET:	TITLE: TITLE: TITLE: a supervisory capacity or with authority over operations of the facility subject to this application. TITLE: V.P. Construction TITLE: TITLE:
CITY, STATE, ZIP: El Cajon, CA 92020 10. List all partners of the Applicant. (Add addit NAME: N/A STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: STREET: CITY, STATE, ZIP: NAME: STREET: GITY, STATE, ZIP: STREET: Grand Prairie TX 750: NAME: STREET: CITY, STATE, ZIP: STREET: CITY, STATE, ZIP: NAME: STREET: S	TITLE: TITLE: TITLE: a supervisory capacity or with authority over operations of the facility subject to this application. TITLE: V.P. Construction TITLE:

		
12. List all persons or legal entities, who own or	control more	than five percent (5%) of the Applicant's debt or equity.
NAME: DN Tanks, Inc.	_ TITLE:_	Corporation
STREET: 11 Teal Road		· · · · · · · · · · · · · · · · · · ·
CITY, STATE, ZIP: Wakefield, MA 0188	30	
NIA MET-	m1001 to	
NAME;		
CITY, STATE, ZIP:		
CITT, STATE, BIF:	·····	
N. 1. 2. 4 7		
NAME:		
STREET:		
CITY, STATE, ZIP:		
13. List all legal entities, in which the Applicant h	olds a debt o	r equity interest of more than five percent (5%).
NAME: N/A	TITLE:	
STREET:		
NAME:		
STREET:		•
CITY, STATE, ZIP:		
NAME:		
CITY, STATE, ZIP:		
14. List any parent company of the Applicant. Da	scribe the pa	rent company's ongoing organizational relationship with the Applicant.
		,
NAME:		
STREET: 11 Teal Road		
CITY, STATE, ZIP: Wakefield, MA 018	80	
Organizational Relationship:		
Natgun Corporation is a wholly	റംസമർ ദ	ubgidiary of DN Tanke Inc
nacgair corporactor is a whorry	Owned 5	absidiary of bit ranks, file.
15. List any subsidiary of the Applicant. Describe	the subsidia	ry's ongoing organizational relationship with the Applicant.
• • • • • • • • • • • • • • • • • • • •		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
NAME: N/A		
STREET:		
CITY, STATE, ZIP:		
Organizational Relationship:		
or British Market State Control of the Control of t		

urisdiction and who through relation	compliance or has a history of noncompliance with the environmental laws or regulations of t aship by blood or marriage or through any other relationship could be reasonably expected to id adversely affect the environment.	his state or any other significantly influence
NAME: None	TITLE:	
STREET:		
CITY, STATE, ZIP:		
IAME:	TITLE:	
		
CITY, STATE, ZIP:		
7 List all federal environmental ag	noise and any other environmental agencies outside this state that have or have had regulatory	y responsibility over the
	ncies and any other environmental agencies outside this state that have or have had regulatory	y responsibility over th
pplicant.	ncies and any other environmental agencies outside this state that have or have had regulatory	y responsibility over ti
	ncies and any other environmental agencies outside this state that have or have had regulatory	y responsibility over ti
pplicant.	ncies and any other environmental agencies outside this state that have or have had regulator	y responsibility over ti
pplicant.	ncies and any other environmental agencies outside this state that have or have had regulator	y responsibility over ti
pplicant.	ncies and any other environmental agencies outside this state that have or have had regulator;	y responsibility over ti
pplicant.	ncies and any other environmental agencies outside this state that have or have had regulator	y responsibility over ti
pplicant.	ncies and any other environmental agencies outside this state that have or have had regulator	y responsibility over ti
pplicant.	ncies and any other environmental agencies outside this state that have or have had regulator	y responsibility over ti
pplicant.	ncies and any other environmental agencies outside this state that have or have had regulator;	y responsibility over ti
pplicant.	ncies and any other environmental agencies outside this state that have or have had regulator	y responsibility over ti

18. VERIFICATION AND ACKNOWLEDGEMENT

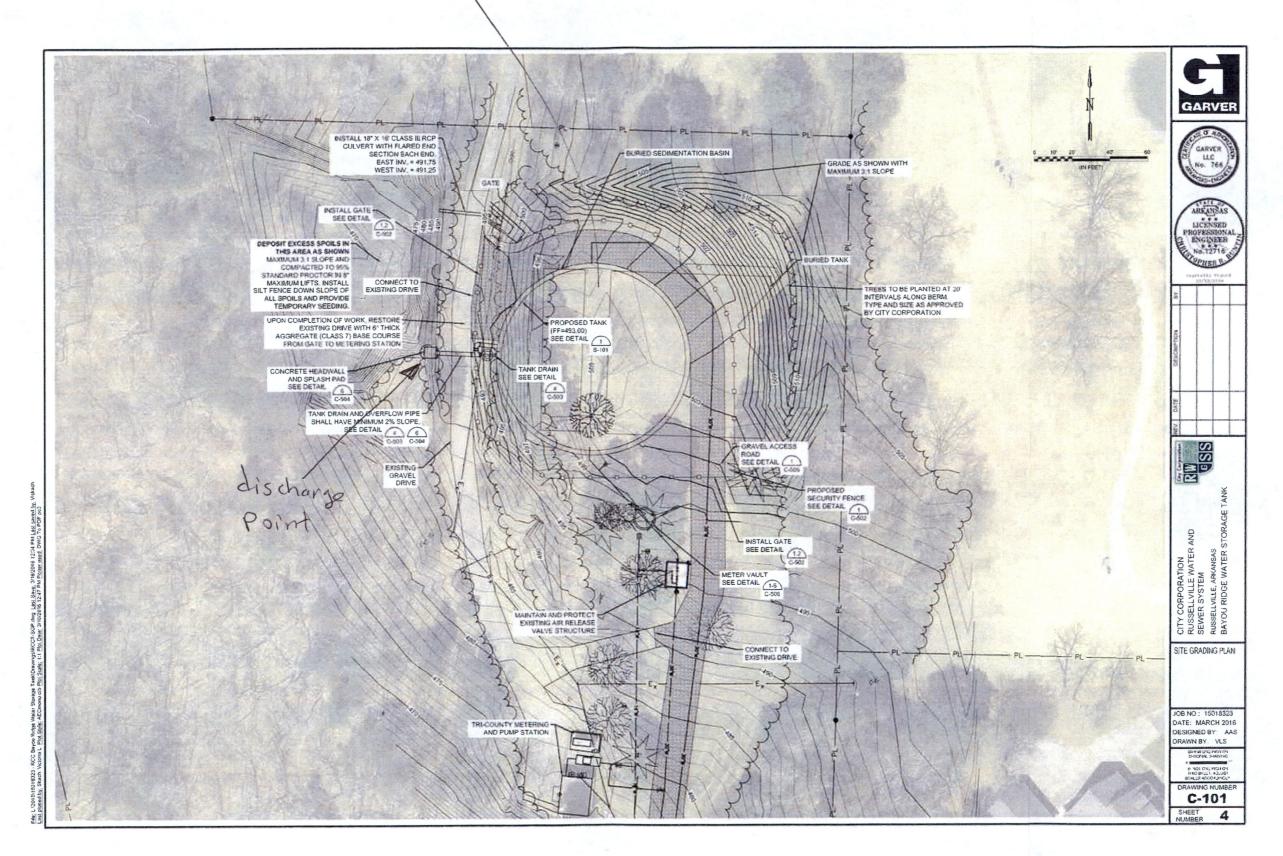
The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Environmental Quality with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.

DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.

COMPLETE THIS SECTION ONLY IF SUBMITTING OTHER THAN BY EPORTAL:

	onna O'Donnell	certify under penalty of law that this document and
designe Based respon and be	ed to assure that qualified on my inquiry of the perso sible for gathering the info lief, true, accurate, and co	nder my direction or supervision in accordance with a system personnel properly gather and evaluate the information submitted. on or persons who manage the system, or those persons directly formation, the information submitted is, to the best of my knowledge emplete. I am aware that there are significant penalties for submitting possibility of fines and imprisonment for knowing violation.
APPLIC SIGNAT		Grell
TITLE:	Secretary	
DATE:	March 10, 2017	

New 2.0 M6 tank



DN Tanks

<u>Corporate Office</u>

11 Teal Road

Wakefield, MA 01880

Ph: (781) 246-1133 Fax: (781) 224-5163

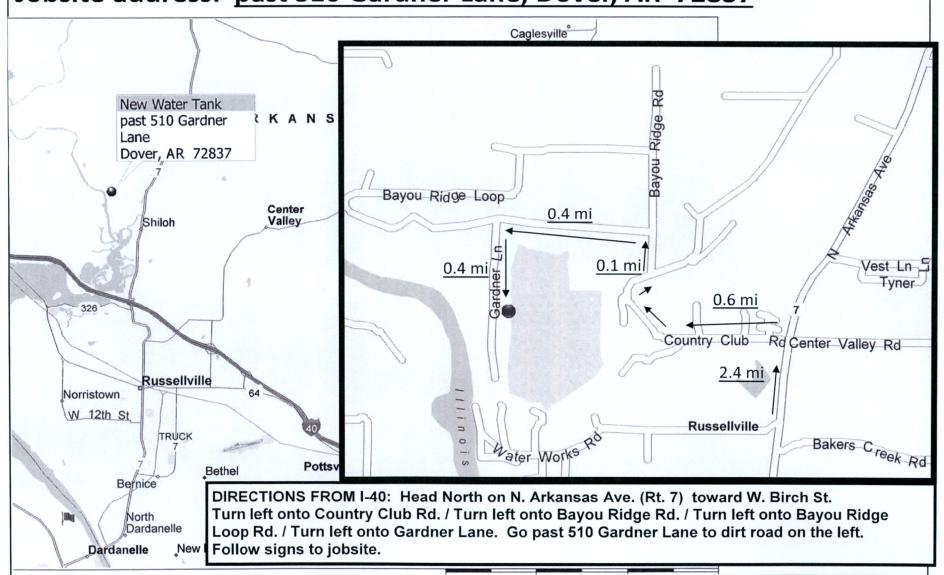


DN Tanks New 2.0 MG Water Storage Tank Russellville, AR—16C26

Superintendent: Joe Espinosa

Cell # 617-510-1052

Jobsite address: past 510 Gardner Lane, Dover, AR 72837





LPD-CHLOR TABLETS

Safety Data Sheet

SECTION 1: CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

CHEMICAL PRODUCT INFORMATION

Product Name : LPD-CHLOR
CAS # : 7757-83-7
Chemical Name : Sodium sulfite

Chemical Formula : Na₂SO₃

Synonym : Disodium sulfite

Product Use : Dechlorinating agent for water and wastewater

Original Issue Date : October 15, 1995
Previous Revision Date : December 3, 2014
Revision Date : September 18, 2015

MANUFACTURER INFORMATION

Company Name : De Nora Water Technologies Corporation

Street Address : 1110 Industrial Boulevard

City, State, Zip, Country : Sugar Land, Texas 77478, USA

Office Phone Number : 1-281-240-6770 Toll Free: 1-800-621-9189

24-HR EMERGENCY TELEPHONE NUMBER

CHEMTREC : US: 1-800-424-9300 International: 1-703-527-3887

LEGEND - HMIS/NFPA	
Severe Hazards or Risks	4
Serious Hazards or Risks	3
Moderate Hazards or Risks	2
Slight Hazards or Risk	1
Minimal Hazards or Risks	0

HMIS Classification







PPE Supplied by user, dependent on local conditions.

SECTION 2: HAZARD(S) IDENTIFICATION

Classification of the Substance or Mixture

UN GHS & Canada WHMIS

2015

Acute Toxicity: Oral (Category 4)

Acute Toxicity: Inhalation (Category 4)
Skin Corrosion/Irritation (Category 2)
Eye Damage/Irritation (Category 2A)

US OSHA 29 CFR 1910.1200 :

HCS

Based on available data, the classification criteria are not met

Label Elements

UN GHS & Canada WHMIS



Irritant

None required

US OSHA 29 CFR 1910.1200

HCS

Hazard Statement : H302 - Harmful if swallowed

H315 – Causes skin irritation

H319 – Causes serious eye irritation

SECTION 2: HAZARD(S) IDENTIFICATION

H332 - Harmful if inhaled

Reaction with acids form toxic and irritating sulfur dioxide gas. Hazardous decomposition products formed under fire

conditions.

Precautionary Statements

P261 – Avoid breathing dust/fume/gas/mist/vapor/spray P264 - Wash exposed skin thoroughly after handling P280 – Wear protective gloves and eye protection P280 – Wear protective gloves and eve protection

P302+P352 – IF ON SKIN: Wash with plenty of soap and water P305+P351+P358 - IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and

easy to do. Continue rinsing

P332+P313 - If skin irritation occurs: Get medical

advice/attention

P337+P313 - If eye irritation occurs: Get medical

advice/attention

P362 - Take off contaminated clothing

Other Hazards

Other hazards not contributing to the classification

None.

SECTION 3: COMPOSITION/INFORMATION ON INGREDIENTS

Chemical Name	Molecular Formula	Molecular Weight	% of Mixture	CAS#
Sodium sulfite	Na₂SO₃	126.043 gm/mol	81.3	7757-83-7

Note: Inert Ingredients 7.7%.

SECTION 4	: FIRST	' AID M	EASURES

Eyes

Check for and remove any contact lenses. Immediately flush eyes with running water for at least 15 minutes, keeping eyelids

open. Seek medical attention if difficulties persist.

Skin Remove contaminated clothing and footwear. Wash with plenty

of soap and water. Clothing and footwear should be decontaminated before reuse. Seek medical attention if

irritation occurs or persists.

Inhalation Remove victim out of contaminated area to fresh air. If

breathing is stopped or irregular or if respiratory arrest occurs, provide artificial respiration or oxygen by trained personnel. Get

medical attention immediately.

Ingestion If victim is conscious, immediately give a large quantity of water

or milk and induce vomiting. Seek medical attention

immediately.

If victim is unconscious or in convulsions, do not give anything

by mouth. Seek medical attention immediately.

Notes to Physician Treat symptomatically. Contact poison treatment specialist

immediately if large quantities have been ingested or inhaled.

SECTION 5: FIRE-FIGHTING MEASURES

Flammability of the Product

Not flammable.

Auto-ignition Temperature

Not applicable.

Upper Flammable Limit

Not applicable.

SECTION 5: FIRE-FIGHTING MEASURES

Lower Flammable Limit

Fire Extinguishing Media

Not applicable.

: Material is not flammable. Use extinguishing media appropriate

for material in surrounding fire.

Special Fire Fighting

Procedures

Fire-fighters should wear appropriate personal protective equipment (PPE) and NIOSH-approved self-contained breathing apparatus (SCBA) with a full face-piece operated in positive pressure mode. Use water-spray to keep containers

cool and to knock down fumes.

Unusual Hazard Information

At 1112°F (600°C) sodium sulfite is formed; at 1652°F (900°C)

sulfur dioxide is formed.

SECTION 6: ACCIDENTAL RELEASE MEASURES

Leak / Spill

D-CHLOR is not a regulated product. However, in the event of a spill, wear appropriate protective rubber gloves and boots. Use chemical splash goggles and breathing apparatus if necessary. Collect all spilled material and place in suitable containers for disposal.

Waste Disposal Methods

D-CHLOR is not rated as a hazardous substance by the EPA. Unused material is not rated as a hazardous waste by RCRA. Solid waste can be buried at a licensed waste disposal facility. Collected material can be dissolved in water, using caution as solution may get hot. Neutralize with acid and dispose through wastewater treatment plant (WWTP). Prior approval from plant personnel as well as Local, State and Federal environmental agencies should be obtained before disposal to WWTP. Good ventilation is necessary during neutralization due to release of sulfur dioxide gas.

Environmental Precautions

Prevent waste entry into drains, water courses or the soil. File

environmental spill notifications if necessary.

SECTION 7: HANDLING AND STORAGE

Handling Procedures

Wear appropriate personal protective equipment (see Section 8). Avoid contact with skin, eyes and clothing. Do not breathe dust. Do not eat or drink in the work area. Keep away from incompatibles such as oxidizing agents, and acids.

Storage Requirements

Keep product dry and in a tightly closed container when not in use. Store in cool, dry, well-ventilated area, keeping it away from heat sources and/or open flames.

For best results, product should not be stored at temperatures in excess of 80°F.

Keep in original container. DO NOT store/transfer/repack this product in any other container without the approval/authorization of Severn Trent Services, Inc.

SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION

Exposure Guidelines

:

General Product Information

No exposure limits have been established.

Component Exposure Limits

ACGIH, OSHA, and NIOSH have not developed exposure

limits for any of this product's components.

Other Exposure Limits for Potential Decomposition

Sulfur dioxide: NIOSH REL : TWA 2 ppm (5 mg/m³)

STEL 5 ppm (13 mg/m³)

Products: OSHA PE

OSHA PEL : TWA 5 ppm (13 mg/m³) ACGIH STEL : TLV 0.25 ppm (0.65 mg/m³) LPD-CHLOR Safety Data Sheet

SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION

Protective Equipment

Eyes and Face : Chemical splash goggles and face shield.

Hands : Chemical-resistant, impervious gloves (nitrile, neoprene, butyl

rubber) should be worn at all times.

Respiratory Protection : If workers are exposed to concentrations above the exposure

limit, they must use appropriate, certified respirators. Use a properly fitted, air-purifying or air-fed respirator complying with NIOSH standard. NIOSH approved dust mask is essential

where dusting may occur.

Other Clothing and

Equipment

Boots, aprons, or chemical suits should be used when necessary to prevent skin contact. Personal protective clothing and use of equipment must be in accordance with 29 CFR 1910.132 (general requirement), .133 (eye and face

protection), and .138 (hand protection).

Engineering Controls

Ventilation Requirements : Ensure adequate ventilation. Provide appropriate exhaust

ventilation at machinery and at places where dust can be generated or if there is a release of sulfur dioxide gas.

Other : Emergency shower and eyewash are recommended.

SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES

Physical State : Dry Solid Tablet.

Color : Pale green solid tablet.

Odor : Slight sulfur odor; pine fragrance added.

Boiling/condensation point : Not applicable.

Flammability properties : The product is not flammable.

Oxidizing properties : Non-oxidizer, oxygen scavenger.

Decomposition temperature: 900° C (1652°F)Specific gravity of tablet: $2.0 \text{ min. (H}_2\text{O} = 1)$

pH of solution : Alkaline.

Vapor pressure : Not applicable.

Vapor density (air = 1) : Not applicable.

Percent volatile by volume : Not applicable.

Solubility in water : 22% by weight at 80°F (or 26°C).

Bulk density : 125 lbs/ft³ (2.0 g/cm³).

Note: Exposure to acids will release SO₂ gas.

SECTION 10: STABILITY AND REACTIVITY

Stability : Stable under recommended storage conditions. Product

decomposes at approximately 900°C (1652°F) releasing sulfur

dioxide gas and hazardous residue.

Incompatibility (materials to

avoid)

Strong oxidizers: causes vigorous exothermic reactions.

Acids: release sulfur dioxide gas.

Hazardous Decomposition or

By-products

: Sulfur dioxide, Sulfur oxide, and Sodium sulfide residue. Sulfur dioxide is toxic, corrosive and an oxidizer. Sodium sulfide

residue is flammable and a strong irritant to skin.

Hazardous Polymerization: This product is not known to polymerize.

SECTION 11: TOXICOLOGICAL INFORMATION

Acute Toxicity : LD50 (oral, mouse): 820 mg/kg

LD50 (oral, rat): >2,000 mg/kg

LC50 (inhalation, rat): >5.5 mg/L/4 hrs LC50 (inhalation, rat): >22 mg/L/1 hr

Potential Acute Health Effects

Inhalation : Dust or mist causes irritation to the respiratory tract. Breathing

of dust may aggravate asthma or other pulmonary diseases. Symptoms: headache, breathing difficulties, loss of

consciousness and cardiopulmonary arrest.

Ingestion : Ingestion may irritate the gastrointestinal tract. Estimated to be

moderately toxic. May cause severe allergic reactions in some asthmatics. Large doses may cause violent colic and diarrhea,

central nervous depression, and even death.

Eye Contact : Dust or mist may irritate or burn the eyes. Solutions will cause

irritation or burns to the eyes.

Skin Contact : Dust or mist may cause skin irritation from prolonged contact.

Solutions will cause skin irritation.

Delayed (Subchronic and

Chronic) Effects

Sodium sulfite has been demonstrated to be mutagenic in

microbial systems; however, it is not mutagenic in studies involving insects and is not considered to present a mutagenic

threat to multicell organisms.

SECTION 12: ECOLOGICAL INFORMATION

Ecotoxicity Effects : The following Ecotoxicity data is available for Sodium sulfite.

Carassius auratus (goldfish), LD50, 96 hrs

100 mg/L 440 mg/L

Daphnia magna, LC50, 48 hrs Western Mosquitofish, LC50, 96 hrs Biochemical Oxygen Demand (BOD)

460 mg/L

0.12 lb/lb, instantaneous

Mobility: No data available.Persistence and degradability: No data available.

SECTION 13: DISPOSAL CONSIDERATIONS

RCRA

Is the unused product a RCRA hazardous waste if

: No

discarded?

If yes, the RCRA ID number is :

Not applicable.

Waste disposal considerations

The generation of waste should be avoided or minimized whenever possible. Follow "Leak and Spill Procedures" outlined in Section 6 of this SDS for neutralizing material before disposal. Disposal of waste material and its container must be in accordance with applicable federal, state, and local laws and

regulations.

Refer to Section 7: HANDLING AND STORAGE and Section 8: EXPOSURE CONTROLS/ PERSONAL PROTECTION for additional handling and protection of employees.

SECTION 14: TRANSPORT INFORMATION

US DOT Hazard Class

Not regulated.

US DOT ID Number

Not applicable.

Proper Shipping Name

Not applicable.

For additional information on shipping regulations affecting this product, contact the information number provided in Section 1.

SECTION 15: REGULATORY INFORMATION

Inventory Status	
------------------	--

Country(s) or region	Inventory name	On inventory (yes/no)*
Australia	AICS	Yes
Canada	DSL	Yes
China	IECSC	Yes
Europe	EINECS	Yes
Japan	ENCS	Yes
Korea	ECL	Yes
Philippines	PICCS	Yes
United States & Puerto Rico	TSCA 8(b)	Yes

Note: A "Yes" indicates that all components of this product comply with the inventory requirements administered by the governing country(s).

US Federal Regulations

None of this product's components are listed under SARA Section 302 (40 CFR 355 Appendix A), SARA Section 313 (40 CFR 373 65) or CFR 314 (40 CFR 303 4)

CFR 372.65), or CERCLA (40 CFR 302.4).

SARA 302 (EHS TPQ)

There are no specific Threshold Planning Quantities for Sodium sulfite. The default Federal MSDS Submission and inventory requirement filling threshold of 10,000 lbs (4,500 kg) therefore, applies, per 40 CFR 370.20.

SARA 311/312 MSDS

Distribution

Chemical Inventory - Hazard Identification: Sodium sulfite

Acute (Immediate) Hazard – Yes Chronic (Delayed) Hazard – Yes

Fire Hazard – No Reactivity Hazard – No Pressure Hazard- No

Clean Air Act : Not available.
Clean Water Act : Not available.

Canadian Federal Regulations

This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations and the SDS contains all the information required by the Controlled Products

Regulations.

WHMIS Classification

Class D Division 2 Subdivision B - Toxic material causing other

toxic effects.

European Regulations

European Labeling in Accordance with EC Directives

Risk Phrases

: This product is not classified according to EU legislation.

SECTION 16: OTHER INFORMATION

Key to Abbreviations

ACGIH	American Conference of Industrial Hygienists
AICS	Australia Inventory of Chemical Substances
CAS	Chemical Abstracts Service Registry Number
CERCLA	Comprehensive Environmental Response, Compensation and Liability Act
DSL	Domestic Substance List
EC	European Commission
EINECS	European Chemical Substances Information System
ENCS	Existing and New Chemical Substances
EU	European Union
GHS	Globally Harmonized System of Classification and Labelling of Chemicals
IECSC	Inventory of Existing Chemical Substances in China
LC50	Lethal Concentration. It is the concentration of a material in air which causes the death of 50% (one half) of a group of test animals.
LD50	Lethal Dosage. It is the amount of a material, given all at once, which causes the death of 50% (one half) of a group of test animals.

LPD-CHLOR Safety Data Sheet

NIOSH	National Institute for Occupational Safety and Health
NFPA	National Fire Protection Association
OECD	Organization for Economic Cooperation and Development
OSHA	Occupational Safety and Health Administration
PEL	Permissible Exposure Limit
PICCS	Philippines Inventory of Chemicals and Chemical Substances
PPE	Personal Protective Equipment
REL	Recommended Exposure Limit
SARA	Superfund Amendments and Reauthorization Act
SCBA	Self-contained Breathing Apparatus
SDS	Safety Data Sheet
STEL	Short Term Exposure Limit (15 minutes)
TLV	Threshold Limit Value
TPQ	Threshold Planning Quantity
TSCA	Toxic Substances Control Act
TWA	Time Weighted Average (8 hours)
US DOT	United States Department of Transportation
WHMIS	Workplace Hazardous Information System

Disclaimer:

All information, recommendations and suggestions appearing herein concerning our products are based upon tests and data believed to be reliable; however, it is the user's responsibility to determine the safety, toxicity and suitability for his/her own use of the products described herein. Since, the actual use by others is beyond our control, no guarantee, expressed or implied, is made by De Nora Water Technologies Corporation as to the effects of such use, the results to be obtained or the safety and toxicity of the products nor does De Nora Water Technologies Corporation assume any liability arising out of use by others, of the products contained herein. The information herein is not to be construed as absolutely complete since additional information may be necessary or desirable when particular or exceptional conditions or circumstances exist or because of applicable laws or government regulations. Nothing herein contained is to be construed as a recommendation to infringe any patent.



72118

9622 0019 0 (000 000 0000) 0 00 7786 2831 0830

7786 2831 0830

- Use the 'Print' button on this page to print your label to your laser or inkjet printer. Fold the printed page along the horizontal line. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: IMPORTANT: TRANSMIT YOUR SHIPPING DATA AND PRINT A MANIFEST:
At the end of each shipping day, you should perform the FedEx Ground End of Day Close procedure to transmit your shipping data to FedEx. To do so, click on the Ground End of Day Close Button. If required, print the pickup manifest that appears. A printed manifest is required to be tendered along with your packages if they are being picked up by FedEx Ground. If you are dropping your packages off at a FedEx drop off location, the along with your package manifest is not required

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide and applicable tariff, available upon request. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations, including limitations on our liability, can be found in the current FedEx Service Guide and applicable tariff apply. In no event shall FedEx Ground be liable for any special, incidental, or consequential damages, including, without limitation, loss of profit, loss to the intrinsic value of the package, loss of sale, interest income or attorneys feets. Recovery cannot exceed actual documented loss, Items of extraordinary value are subject to separate limitations of liability set forth in the Service Guide and tariff. Written claims must be filed within strict time limits, see current FedEx Service Guide.