Doc.No. 40-09/93/01/03

STATE OF DELAWARE EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	ANNUAL FACILITY FORM	APPROVED DECEMBER 1992	PAGE ____ OF ____

1. FACILITY IDENTIFICATION

1.1 Corporate Name	
1.2 Facility/Site Name	
1.3 Physical Location/Street	
1.4 Development/Industrial Park	
1.5 City	1.6 State
1.7 Zip	1.8 County
1.9 EIN	1.10 Dun & Brad #
1.11 SIC Code (s) or Business Description	

2. OWNER/OPERATOR

2.1 Name	
2.2 Mail Address	
2.3 City	2.4 State
2.5 Zip	2.6 Phone

3. COMPLIANCE CONTACT/PREPARER

3.1 Name	
3.2 Title	
3.3 Mail Address	
3.4 City	3.5 State
3.6 Zip	3.7 Phone

4. EMERGENCY CONTACTS

4.1 Site Phone

4.2 Site Fax Phone

	4.3 Name	4.4 Title	4.5 Work Ph.	4.6 24-Hr. Ph.	4.7 Pager #
CONTACT #1 *(Mandatory)*					
CONTACT #2 *(Mandatory)*					
CONTACT #3 *(Mandatory)*					
CONTACT #4 *(Optional)*					
CONTACT #5 *(Optional)*					

5. REPORTING STATUS

5.1 Reporting Period — This report covers from January 1 to December 31, 19 ____

5.2 Reporting Status — Check option A, B or C below

OPTION A: ❑
No Chemicals on site. Submitting Annual Facility Form only.

OPTION B: ❑
Chemicals on site but not reportable. Submitting Annual Facility Form only.

OPTION C: ❑
Reportable Chemicals on site. Submitting Annual Chemical Inventory Form (s) and plot plan with this form.

5.3 Optional Attachments - If checked Option C under 5.2 answer the following: N/A ❑

List of site coordinate abbreviations attached? YES ❑ NO ❑

Descriptions of dikes and other safeguard measures attached? YES ❑ NO ❑

6. REPORTING FEE SUMMARY

N/A ❑

6.1 Exempt government facility?		YES ❑	NO ❑
6.2 Exempt non-profit facility?		YES ❑	NO ❑
6.3 # of Hazardous Chemicals		X $40 =	
6.4 # of Extr. Haz. Substances		X $80 =	
6.5 # of Mixtures < 10% EHS		X $40 =	
6.6 # of Mixtures ≥ 10% EHS		X $80 =	
6.7 # of M.V.F. for Retail Sale		Exempt	— — — —
6.8 Total Reporting Fee Due		$	

7. 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 contained in this submittal and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Name and Official Title of Owner/Operator OR Owner/Operator's Authorized Representative

Signature

Date Signed