

## Tier II Emergency and Hazardous Chemical Inventory

Reporting Period From January 1, 2007 to December 31, 2007

☒ Annual ☐ Revision

|                                                                                                                                                                                                                                                                                                      |             |                       |                                 |                               |   |                                                                                                                                                                                                                                      |                            |
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| <b>Facility Identification</b>                                                                                                                                                                                                                                                                       |             |                       |                                 | <b>Owner/Operator Details</b> |   |                                                                                                                                                                                                                                      |                            |
| Internal Code                                                                                                                                                                                                                                                                                        | :           | 15155                 |                                 | Name                          | : | REALM                                                                                                                                                                                                                                |                            |
| Name                                                                                                                                                                                                                                                                                                 | :           | REALM - LIVONIA       |                                 | Phone                         | : | 248-753-5641                                                                                                                                                                                                                         |                            |
| Company Name                                                                                                                                                                                                                                                                                         | :           | REALM                 |                                 | Street Address                | : | MC 483-520-190, 2000 Centerpoint Parkway                                                                                                                                                                                             |                            |
| Street                                                                                                                                                                                                                                                                                               | :           | 12950 ECKLES RD       | City : LIVONIA                  | City                          | : | Pontiac                                                                                                                                                                                                                              |                            |
| County                                                                                                                                                                                                                                                                                               | :           | WAYNE                 |                                 | State                         | : | MI                                                                                                                                                                                                                                   |                            |
| Fire Department                                                                                                                                                                                                                                                                                      | :           | Livonia Fire/Rescue   | LEPC Name : WAYNE COUNTY LEPC   | Zip                           | : | 48341                                                                                                                                                                                                                                |                            |
| State                                                                                                                                                                                                                                                                                                | :           | MI                    | Zip : 48150                     | Country                       | : | United States                                                                                                                                                                                                                        |                            |
| Phone                                                                                                                                                                                                                                                                                                | :           | 734-542-5501          | Lat/Long : 42.376043/-83.430777 |                               |   |                                                                                                                                                                                                                                      |                            |
| Fax                                                                                                                                                                                                                                                                                                  | :           |                       | Email : cmeincke@craworld.com   |                               |   |                                                                                                                                                                                                                                      |                            |
| <b>Mailing Address if different from Facility ID Address</b>                                                                                                                                                                                                                                         |             |                       |                                 | <b>Emergency Contacts</b>     |   |                                                                                                                                                                                                                                      |                            |
| Company                                                                                                                                                                                                                                                                                              | :           | REALM - LIVONIA       |                                 | Name                          | : | Erik Engnell                                                                                                                                                                                                                         |                            |
| Attn                                                                                                                                                                                                                                                                                                 | :           |                       |                                 | Title                         | : | Operator                                                                                                                                                                                                                             |                            |
| Street 1                                                                                                                                                                                                                                                                                             | :           | 12950 ECKLES RD       |                                 | Phone                         | : | 734-453-5123                                                                                                                                                                                                                         | 24 Hr.Phone : 248-431-7966 |
| Street 2                                                                                                                                                                                                                                                                                             | :           |                       |                                 |                               |   |                                                                                                                                                                                                                                      |                            |
| City                                                                                                                                                                                                                                                                                                 | :           | LIVONIA               | State : MI                      | Name                          | : | Chris Meincke                                                                                                                                                                                                                        |                            |
| Zip                                                                                                                                                                                                                                                                                                  | :           | 48150                 | Phone :                         | Title                         | : | Project Manager                                                                                                                                                                                                                      |                            |
| Country                                                                                                                                                                                                                                                                                              | :           | United States         |                                 | Phone                         | : | 734-453-5123                                                                                                                                                                                                                         | 24 Hr.Phone : 248-935-7346 |
| SIC Code                                                                                                                                                                                                                                                                                             | :           | 4953                  | Dun & Brad No : 121635700       |                               |   |                                                                                                                                                                                                                                      |                            |
| NAICS                                                                                                                                                                                                                                                                                                | :           |                       | TRIFID :                        |                               |   |                                                                                                                                                                                                                                      |                            |
| MI SARA ID                                                                                                                                                                                                                                                                                           | :           | 15155                 |                                 |                               |   |                                                                                                                                                                                                                                      |                            |
| <b>Other Emergency Contacts</b>                                                                                                                                                                                                                                                                      |             |                       |                                 |                               |   |                                                                                                                                                                                                                                      |                            |
| <b>Sl.No</b>                                                                                                                                                                                                                                                                                         | <b>Name</b> | <b>Title</b>          | <b>Phone</b>                    | <b>24 Hr.Phone</b>            |   |                                                                                                                                                                                                                                      |                            |
| 1                                                                                                                                                                                                                                                                                                    | Bob Hare    | REALM Project Manager | 248-753-5641                    | 248-255-2792                  |   |                                                                                                                                                                                                                                      |                            |
| <b>Mixture Components are listed in the Appendix.</b>                                                                                                                                                                                                                                                |             |                       |                                 |                               |   |                                                                                                                                                                                                                                      |                            |
| Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted, 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. |             |                       |                                 |                               |   | <b>Optional Attachments</b><br><input type="checkbox"/> Site Plan<br><input type="checkbox"/> Site Coordinate Abbreviations<br><input type="checkbox"/> Other Safeguard measures<br><input type="checkbox"/> Emergency Response Plan |                            |
| Christopher Meincke, Project Manager                                                                                                                                                                                                                                                                 |             | 2/28/2008 7:55:06 PM  |                                 |                               |   |                                                                                                                                                                                                                                      |                            |
| Name and official title of owner/operator or authorized representative                                                                                                                                                                                                                               |             | Date                  |                                 | Signature                     |   |                                                                                                                                                                                                                                      |                            |

| Chemical Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Physical & Health Hazards                                                                                                                                                                                           | Inventory                                                                                                                                     | Storage Codes & Location   |                      |                         |                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------|-------------------------|-------------------------------------------------------------------------------------------------------------|
| Chemical ID : 589901<br>Check if Chemical Information has changed from the last submission : <input type="checkbox"/><br>CAS : 7647010<br>Trade Secret : <input type="checkbox"/><br>Chemical Name : <a href="#">HYDROCHLORIC ACID</a><br>EHS : <input type="checkbox"/> Contains EHS : <input type="checkbox"/><br>EHS Name :<br><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"/> Fire<br><input type="checkbox"/> Pressure<br><input checked="" type="checkbox"/> Reactivity<br><input checked="" type="checkbox"/> Immediate<br><input type="checkbox"/> Delayed (Chronic) | 580 Max Daily Amt(lbs)<br>02 Max Daily Amount Code<br>290 Ave. Daily Amount (lbs.)<br>02 Ave. Daily Amount Code<br>365 No of days in site     | <b>Container Type</b><br>E | <b>Pressure</b><br>1 | <b>Temperature</b><br>4 | <b>Storage Location</b><br>HYDROCHLORIC ACID IN 15 GAL DRUMS STOR ON SPILL PADS LOCATED ON S SIDE OF CONTAI |
| Chemical ID : 589903<br>Check if Chemical Information has changed from the last submission : <input type="checkbox"/><br>CAS : 1305620<br>Trade Secret : <input type="checkbox"/><br>Chemical Name : <a href="#">MAGNESIUM HYDROXIDE/LIME MIX</a><br>EHS : <input type="checkbox"/> Contains EHS : <input type="checkbox"/><br>EHS Name :<br><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"/> Fire<br><input type="checkbox"/> Pressure<br><input checked="" type="checkbox"/> Reactivity<br><input checked="" type="checkbox"/> Immediate<br><input type="checkbox"/> Delayed (Chronic) | 92000 Max Daily Amt(lbs)<br>04 Max Daily Amount Code<br>46000 Ave. Daily Amount (lbs.)<br>04 Ave. Daily Amount Code<br>365 No of days in site | <b>Container Type</b><br>C | <b>Pressure</b><br>1 | <b>Temperature</b><br>4 | <b>Storage Location</b><br>MAGNESIUM HYDROXIDE / LIME TANK IS 2ND TANK ON W WALL IN N END OF TREATMENT BLDG |
| Chemical ID : 589902<br>Check if Chemical Information has changed from the last submission : <input type="checkbox"/><br>CAS : 7631905<br>Trade Secret : <input type="checkbox"/><br>Chemical Name : <a href="#">SODIUM BISULFITE</a><br>EHS : <input type="checkbox"/> Contains EHS : <input type="checkbox"/><br>EHS Name :<br><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"/> Fire<br><input type="checkbox"/> Pressure<br><input checked="" type="checkbox"/> Reactivity<br><input checked="" type="checkbox"/> Immediate<br><input type="checkbox"/> Delayed (Chronic) | 59415 Max Daily Amt(lbs)<br>04 Max Daily Amount Code<br>29707 Ave. Daily Amount (lbs.)<br>04 Ave. Daily Amount Code<br>365 No of days in site | <b>Container Type</b><br>C | <b>Pressure</b><br>1 | <b>Temperature</b><br>4 | <b>Storage Location</b><br>SODIUM BISULFITE TANK IS FIRST TANK ON WEST WALL IN N END OF TREATMENT BLDG      |
| Chemical ID : 589904<br>Check if Chemical Information has changed from the last submission : <input type="checkbox"/><br>CAS : 7664939<br>Trade Secret : <input type="checkbox"/><br>Chemical Name : <a href="#">SULFURIC ACID</a><br>EHS : <input checked="" type="checkbox"/> Contains EHS : <input type="checkbox"/><br>EHS Name : SULFURIC ACID<br><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"/> Fire<br><input type="checkbox"/> Pressure<br><input checked="" type="checkbox"/> Reactivity<br><input checked="" type="checkbox"/> Immediate<br><input type="checkbox"/> Delayed (Chronic) | 35180 Max Daily Amt(lbs)<br>04 Max Daily Amount Code<br>17590 Ave. Daily Amount (lbs.)<br>04 Ave. Daily Amount Code<br>365 No of days in site | <b>Container Type</b><br>C | <b>Pressure</b><br>1 | <b>Temperature</b><br>4 | <b>Storage Location</b><br>SULFURIC ACID TANK IS 3RD TANK ON W WALL IN N END OF TREATMENT BLDG ( FRONT 1/2  |