

Section 1. Registration Information

Source Identification

| | |
|--------------------------------|------------------------------|
| Facility Name: | GREN Inc. 12920 Imperial Hwy |
| Parent Company #1 Name: | GREN Inc. |
| Submission Type: | Corrections |
| Receipt Date: | June 1999 |
| Status: | Deregistered |
| Deregistration Effective Date: | March 2002 |

Facility Identification

| | |
|--------------|----------------|
| Facility ID: | 1000 0008 3991 |
|--------------|----------------|

Dun and Bradstreet Numbers (DUNS)

| | |
|----------------|-----|
| Facility DUNS: | N/A |
|----------------|-----|

Facility Location Address

| | |
|-----------|--------------------|
| Street 1: | 12920 Imperial Hwy |
| Street 2: | N/A |
| City: | Santa Fe Springs |
| State: | CA |
| ZIP: | 90670 |
| ZIP4: | N/A |
| County: | Los Angeles |

Facility Latitude and Longitude

| | |
|----------------------|-----------|
| Latitude (decimal): | 33.917333 |
| Longitude (decimal): | 118.05725 |

Local Emergency Planning Committee and Regulations

| | |
|--------------|-----|
| LEPC: | N/A |
| OSHA PSM: | Yes |
| EPCRA 302: | Yes |
| CAA Title V: | N/A |

Process Chemicals

| | |
|------------------|-------------------------|
| Program Level: | Program Level 3 process |
| Chemical Name: | Chlorine |
| CAS Number: | 7782-50-5 |
| Flammable/Toxic: | Toxic |

Process NAICS

| | |
|--------------------|---|
| NAICS Code: | 42269 |
| NAICS Description: | Other Chemical and Allied Products Wholesalers |

Section 6. Accident History

No records found.

Section 9. Emergency Response

Written Emergency Response (ER) Plan

| | |
|---|-----|
| Community Plan (Is facility included in written community emergency response plan?): | N/A |
| Facility Plan (Does facility have its own written emergency response plan?): | Yes |
| Response Actions (Does ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?): | Yes |
| Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?): | Yes |
| Healthcare (Does facility's ER plan include information on emergency health care?): | Yes |

Local Agency

Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated):

N/A

Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated):