

MERCURY ELECTRONIC REPORTING

Submission Date:	2021-08-25	Revised Date:	
-------------------------	------------	----------------------	--

Submitting Official Information

Name of Authorized Official	(first)	Brooke	(middle)	E	(last)	Plaisance	CBI: <input checked="" type="checkbox"/>
Company Name	CDX Test Org			Position			
Email Address	brooke.plaisance@cgifederal.com			Phone Number		3375231765	
Mailing Address 1	123 Main St						
Mailing Address 2							
City	Virginia Beach	State	VA	Postal Code	23462		
Country	United States						

Technical Contact

Name of Technical Contact	(first)	Brooke	(middle)	E	(last)	Plaisance	CBI: <input type="checkbox"/>
Company Name	CDX Test Org			Position			
Email Address	brooke.plaisance@cgifederal.com			Phone Number		3375231765	
Mailing Address 1	123 Main St						
Mailing Address 2							
City	Virginia Beach	State	VA	Postal Code	23462		
Country	United States						

My company manufactures (other than imports) elemental mercury	CBI
---	------------

<input checked="" type="checkbox"/>	My company reported amount of manufactured mercury in the most recent Chemical Data Reporting (CDR) reporting cycle.	
	During the calendar year 2018, my company stored between 5,000 and 10,000 pounds of elemental mercury on-site . My company does not store elemental mercury on-site. <input type="checkbox"/>	<input checked="" type="checkbox"/>
	During the calendar year 2018, my company stored between and pounds of elemental mercury off-site . My company does not store elemental mercury off-site. <input checked="" type="checkbox"/>	<input type="checkbox"/>
	During the calendar year 2018, my company distributed 1,400 pounds of elemental mercury into domestic commerce. My company does not distribute elemental mercury. <input type="checkbox"/>	<input checked="" type="checkbox"/>
	My company domestically distributed elemental mercury to the following industry: <i>check all that apply</i> •327910, Abrasive Product Manufacturing	<input checked="" type="checkbox"/>
	Additional Information: test	<input checked="" type="checkbox"/>

CBI Substantiation - Applicable to Any Claim

(i) Will disclosure of the information claimed as confidential likely cause substantial harm to your business's competitive position? If you answered yes, describe the substantial harmful effects that would likely result to your competitive position if the information is disclosed, including but not limited to how a competitor could use such information, and the causal relationship between the disclosure and the harmful effects.	CBI: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Test	
(ii) Has your business taken precautions to protect the confidentiality of the disclosed information? If yes, please explain and identify the specific measures, including but not limited to internal controls, that your business has taken to protect the information claimed as confidential. If the same or similar information was previously reported to EPA as non-confidential (such as in an earlier version of this submission), please explain the circumstances of that prior submission and reasons for believing the information is nonetheless still confidential.	CBI: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Test	

(iii) A. Is any of the information claimed as confidential required to be publicly disclosed under any other Federal law? If please explain.	CBI: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Test				
(iii) B. Does any of the information claimed as confidential otherwise appear in any public documents, including (but not limited to) safety data sheets; advertising or promotional material; professional or trade publications; state, local, or Federal agency files; or any other media or publications available to the general public? If yes, please explain why the information should be treated as confidential.	CBI: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Test				
(iii) C. Does any of the information claimed as confidential appear in one or more patents or patent applications? If yes, provide the associated patent number or patent application number (or numbers) and explain why the information should be treated as confidential.	CBI: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Test				
(iv) Is the claim of confidentiality intended to last less than 10 years (see TSCA section 14(e)(1)(B))? If yes, please indicate the number of years (between 1-10 years) or the specific date after which the claim is withdrawn.	CBI: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Test				
(v) Has EPA, another federal agency, or court made any confidentiality determination regarding information associated with this chemical substance? If yes, please provide the circumstances associated with the prior determination, whether the information was found to be entitled to confidential treatment, the entity that made the decision, and the date of the determination.	CBI: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Test				
TSCA Certification				
<p>I hereby certify to the best of my knowledge and belief that all information entered on this form is complete and accurate. I further certify that, pursuant to 15 U.S.C. § 2613(c), for all claims for protection of any confidential information made with this submission, all information submitted to substantiate such claims is true and correct, and that it is true and correct that I have:</p> <p>(i) taken reasonable measures to protect the confidentiality of the information;</p> <p>(ii) determined that the information is not required to be disclosed or otherwise made available to the public under any other Federal law;</p> <p>(iii) a reasonable basis to conclude that disclosure of the information is likely to cause substantial harm to the competitive position of the person; and</p> <p>(iv) a reasonable basis to believe that the information is not readily discoverable through reverse engineering.</p> <p>Any knowing and willful misrepresentation is subject to criminal penalty pursuant to 18 U.S.C. § 1001.</p>				
(v) Signature of authorized official:	<table border="1"> <tr> <td>Brooke Plaisance</td> <td>Date:</td> <td>2021-08-25</td> </tr> </table>	Brooke Plaisance	Date:	2021-08-25
Brooke Plaisance	Date:	2021-08-25		

PAPERWORK REDUCTION ACT:

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2070-0207). Responses to this collection of information are mandatory for certain persons, as specified at 40 CFR 713.7. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 23 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Information Engagement Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.