

APPLICATION FOR LISTING AN OZONE DEPLETING SUBSTANCES OFFSET PROJECT

OPR Staff Use Only	Date Application Received:	OPR Tracking Number:	Date Application Reviewed:	OPR Staff Use Only
---------------------------	-----------------------------------	-----------------------------	-----------------------------------	---------------------------

PART I. ENTITY APPLYING FOR LISTING

Is this form being submitted by the Offset Project Operator (OPO) or by the Authorized Project Designee (APD)?

- Notes:
1. The person completing this form should be an OPO/APD employee.
 2. If the APD is submitting this form, the OPO should submit the form Designation of Authorized Project Designee simultaneously.

☒ **OPO**
☐ **APD**

Name of Person Completing Form: Timothy H. Brown	Organization, if applicable: Tradewater, LLC		
Date Form Completed: June 1, 2022	Phone Number: 312-273-5122	Email Address: tbrown@tradewater.us	

PART II. OFFSET PROJECT INFORMATION

Offset Project Name: Tradewater ODS 47		
Offset Project Commencement Date: July 4, 2022	Reporting Period Start Date: July 4, 2022	Reporting Period End Date: July 6, 2022

PART III. OPO/APD INFORMATION

Part III.A OPO			
OPO Name: Tradewater, LLC		OPO's CITSS ID#: CA 2 1 2 3	
Mailing Address: 1411 W. Carroll, Suite N	City: Chicago	State: IL	Zip: 60607
Street Address (if different):	City:	State:	Zip:
Contact Person: Timothy H. Brown	Phone Number: 312-273-5122	Email Address: tbrown@tradewater.us	
Part III.B APD (if applicable) <input checked="" type="checkbox"/> No APD/Not Applicable			
APD Name:		APD's CITSS ID#: CA _ _ _ _	
Mailing Address:	City:	State:	Zip:
Street Address (if different):	City:	State:	Zip:
Contact Person:	Phone Number:	Email Address:	

PART IV. DESTRUCTION FACILITY INFORMATION**Name of Destruction Facility:**

Heritage Thermal Services

Street Address:

1250 St. George St.

City:

East Liverpool

State:

OH

Zip:

43920

Is the destruction facility a RCRA-permitted hazardous waste combustor (HWC)?☒ **Yes**
☐ **No**

(If yes, skip the next question.)

If the destruction facility is not a RCRA-permitted HWC, has it met the TEAP requirements for ODS destruction?☐ **Yes**
☐ **No****Part V. OTHERS INVOLVED IN PROJECT**

Technical Consultants:	1.	Name:		
		Contact Person:	Phone Number:	Email Address:
	2.	Name:		
		Contact Person:	Phone Number:	Email Address:
Other Parties with a Material Interest:	1.	Name:		
		Contact Person:	Phone Number:	Email Address:
	2.	Name:		
		Contact Person:	Phone Number:	Email Address:

PART VI. ODS FOR DESTRUCTION**List All Points of Origin by U.S. State for ODS Sourced for This Project:**

IL, NY, TX, CA, SC

Indicate All ODS Sources That Will Be Destroyed Under This Project By Checking the Boxes Below:**Refrigerant Destruction:**

<input type="checkbox"/> CFC-11	<input type="checkbox"/> CFC-113
<input checked="" type="checkbox"/> CFC-12	<input checked="" type="checkbox"/> CFC-114
<input type="checkbox"/> CFC-13	<input type="checkbox"/> CFC-115

Destruction of ODS Blowing Agent in Intact Building Foam:

<input type="checkbox"/> CFC-11	<input type="checkbox"/> HCFC-22
<input type="checkbox"/> CFC-12	<input type="checkbox"/> HCFC-141b

Destruction of Concentrated ODS Blowing Agent in Appliance Foam:

<input type="checkbox"/> CFC-11	<input type="checkbox"/> HCFC-22
<input type="checkbox"/> CFC-12	<input type="checkbox"/> HCFC-141b

PART VII. OTHER QUESTIONS (GENERAL)

1. Have any GHG reductions associated with the offset project ever been registered with or claimed by another registry or program, or sold to a third party prior to our listing?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, identify the registry or program (vintage and reporting period) below:			
Registry/Program:	Reporting Period(s):	Vintage(s):	Credits Issued:
2. Is this offset project being implemented and conducted as the result of any law, statute, regulation, court order, or other legally binding mandate? If yes, explain below:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No




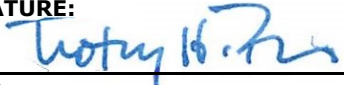
PART VIII. OTHER QUESTIONS ODS-SPECIFIC

1. Has an Offset Project Data Report been developed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If not, what date will it be in place?	Date: 07/13/2020
2. Has the offset project-specific recovery efficiency been determined (for appliance foam projects only)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the factor? If not, when will this factor be established?	Factor/Date:
3. Was, or will, any of the destroyed ODS be sourced from the US government?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, how much?	Quantity:
4. Was, or will, any of the destroyed ODS be considered hazardous waste under US, state or local law?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If so, how much? Explain below.	Quantity:
Explanation (for #4).			

Part IX. ATTACHMENT

On an attached separate sheet of paper, provide an Offset Projection Description (one to two paragraphs).

Part X. ATTESTATIONS AND OPO SIGNATURE

 Initial	I certify under penalty of perjury under the laws of the State of California the GHG reductions and/or GHG removal enhancements for			
	Project Name: Tradewater ODS 47	from	Crediting Period Start Date: 07/04/2022	to Crediting Period End Date: 07/03/2032
will be measured in accordance with the Compliance Offset Protocol Ozone Depleting Substances Projects, November 14, 2014, and all information required to be submitted to ARB is true, accurate, and complete.				
 Initial	I understand I am voluntarily participating in the California Greenhouse Gas Cap-and-Trade Program under title 17, article 5, and by doing so, I am now subject to all regulatory requirements and enforcement mechanisms of this program and subject myself to the jurisdiction of California as the exclusive venue to resolve any and all disputes arising from the enforcement of provisions in this article.			
 Initial	I understand that the offset project activity and implementation of the offset project must be in accordance with all applicable local, regional, and national environmental and health and safety laws and regulations that apply to the offset project location. I understand that offset projects are not eligible to receive ARB or registry offset credits for GHG reductions and GHG removal enhancements that are not in compliance with the requirements of the Cap-and-Trade Program.			
In signing this form, I certify under penalty of perjury of the laws of California that the information contained in this form is true, accurate, and complete. I further certify that I am an Account Representative of the Offset Project Operator (OPO).				
SIGNATURE: 		PRINTED NAME: Timothy H. Brown		
TITLE: Chief Executive Officer		DATE: June 1, 2022		

Part IX. Attachment

Tradewater ODS 47

The project involves the collection of R12 and R114 refrigerant. The material is aggregated and delivered to a RCRA facility for destruction.