



**Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory**  
 Mail to: Right-to-Know Program  
 1000 SW Jackson Suite 330  
 Topeka KS 66612-1365  
 (785) 296-1688

Important: Read all instructions before completing form

2. Facility Identification 2a. New Facility ☐ Yes ☒ No

Name Hope

Street Address 313 S Poplar

Latitude 38.6817000 Longitude -97.0411000

City HOPE County DICKINSON State KS Zip 67451

Phone 913-231-9671

NAICS 221122

RMP Fac ID ☒ N/A

TRI Fac ID ☒ N/A

Max # of occupants 0 ☐ Married ☒ Unmarried

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?

☐ Yes ☒ No

Subject to Chemical Accident Prevention under Section 112r of CAA (40 CFR part 68)?

☐ Yes ☒ No

4a. Tier II Contact

Name Andrew Hare Title Environmental Compliance Coordinator

Phone 785-508-2841 24-hour phone 913-231-9671

Email Andrew.Hare@evergy.com

4b. Emergency Contact

Name Distribution n/a Title 24 Hour Contact

Phone 816-701-0613 24-hour Phone 816-701-0613

Email dds@evergy.com

Name Title

Phone 24-hour Phone

Email

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 submitted in pages 1 through \_\_\_\_\_ and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Name and official title of owner/operator or authorized representative

Date

Signature

1. Reporting Period

From January 1 to December 31, 2022

Page 1 of 2

3a. Owner/Operator Identification

Business Name Evergy, Inc.

Address 1200 Main St.

City Kansas City State MO Zip 64105-2122

Business Phone 785-508-2841 Country USA

Submitter Andrew Hare

Email Andrew.hare@evergy.com

Dun & Brodstreet N/A

3b. Mailing Address if different from Owner/Operator Address

Business Name Evergy, Inc.

Address Evergy, Inc. Attn: Andrew Hare

City Kansas City State MO Zip 64105-2122

ATTN Andrew Hare

Phone 913-231-9671

5. Section Reporting: Please check as appropriate

☒ Section 312

☐ Section 311

☐ Section 302

☒ Annual

☐ Revision

☐ Identical to last year

For Official Use Only

Facility ID #

Parent ID #

Entered by

6. Optional Attachments

☐ Site Plan

☐ Description of Dikes

☐ Site Coordinate Abbreviations

☐ Other Safeguard Measures

Chemical Description		Physical Hazards		Health Hazards		Storage Types & Locations <input type="checkbox"/> if Confidential					
Chemical Name: Transformer Oil  CAS #: none  EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  EHS Name (if applicable):  EHS CAS # (if applicable):		<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified		<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Container Type Other _____             </div> <div> <input type="checkbox"/> Pressure Ambient pressure _____             </div> <div> <input type="checkbox"/> Temperature Ambient temperature _____             </div> <div> <input type="checkbox"/> Storage Location Transformer _____             </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> 14,963 Maximum Daily Amount (lbs) _____  <input type="checkbox"/> 14,963 Average Daily Amount (lbs) _____  <input type="checkbox"/> 365 Number of Days on Site _____  <input type="checkbox"/> Optional Report             </div>					
Chemical Name:  CAS #:  EHS: <input type="checkbox"/> Yes <input type="checkbox"/> No  EHS Name (if applicable):  EHS CAS # (if applicable):		<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified		<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Container Type _____             </div> <div> <input type="checkbox"/> Pressure _____             </div> <div> <input type="checkbox"/> Temperature _____             </div> <div> <input type="checkbox"/> Storage Location _____             </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Maximum Daily Amount (lbs) _____  <input type="checkbox"/> Average Daily Amount (lbs) _____  <input type="checkbox"/> Number of Days on Site _____  <input type="checkbox"/> Optional Report             </div>					