



**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**

1. Reporting Period  
 From January 1 to December 31, 2022 Page 1 of 2

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

3a. Owner/Operator Identification

Name Abilene Energy Center  
 Street Address 997 2000 Ave  
 Latitude 38.8831000 Longitude -97.2018000  
 City ABILENE County DICKINSON State KS Zip 67410  
 Phone 913-231-9671  
 NAICS 221122  
 RMP Fac ID ☒ N/A  
 TRI Fac ID ☒ N/A  
 Max # of occupants 0 ☐ Manned ☒ Unmanned

Business Name Evergy Inc.  
 Address 1200 Main St. State MO Zip 64105-2122  
 City Kansas City State MO Country USA  
 Business Phone 785-508-2841  
 Submitter Andrew Hare  
 Email Andrew.hare@evergy.com  
 Dun & Bradstreet N/A

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 \_\_\_\_\_

5. Section Reporting: Please check as appropriate

For Official Use Only  
☒ Section 312 ☐ Section 311 ☐ Section 302  
☒ Annual ☐ Revision ☐ Identical to last year

6. Optional Attachments

☐ Site Plan ☐ Description of Dikes  
☐ Site Coordinate Abbreviations ☐ Other Safeguard Measures

Facility ID # \_\_\_\_\_ Parent ID # \_\_\_\_\_ Entered by \_\_\_\_\_

## Page 2 of 2

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> <input type="checkbox"/> Container Type           <input type="checkbox"/> Pressure           <input type="checkbox"/> Temperature           <input type="checkbox"/> Storage Location         </div> <div>           Other           <input type="checkbox"/> Ambient pressure           <input type="checkbox"/> Ambient temperature           <input type="checkbox"/> Transformer         </div>			
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret		<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> <input type="checkbox"/> Container Type           <input type="checkbox"/> Pressure           <input type="checkbox"/> Temperature           <input type="checkbox"/> Storage Location         </div> <div>           154,963 Maximum Daily Amount (lbs)            154,963 Average Daily Amount (lbs)         </div> <div>           365 Number of Days on Site         </div> <div> <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"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified		<div> <input type="checkbox"/> Container Type           <input type="checkbox"/> Pressure           <input type="checkbox"/> Temperature           <input type="checkbox"/> Storage Location         </div> <div>           Maximum Daily Amount (lbs)            Average Daily Amount (lbs)         </div> <div>           Number of Days on Site         </div> <div> <input type="checkbox"/> Optional Report         </div>			