



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 Herington City *WDSC*

Street Address 415 S 5th

Latitude 38.6665000

City HERINGTON

Phone 913-231-9671

NAICS 221122

RMP Fac ID

TRI Fac ID

Max # of occupants 0

Longitude -96.9490000

County DICKINSON

State KS

Zip 67449

☒ N/A

☒ N/A

☐ Manned ☒ Unmanned

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

Phone 785-508-2841

Email andrew.hare@evergy.com

Title ENV COMPLIANCE MGR

24-hour phone 913-231-9671

4b. Emergency Contact

Name Distribution n/a

Phone 816-701-0613

Email dds@evergy.com

Title 24 Hour Contact

24-hour Phone 816-701-0613

Name

Phone

Email

Title

24-hour Phone

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

Business Name Evergy Inc.

Address 1200 Main St.

City Kansas City

Business Phone 785-508-2841

Submitter Andrew Hare

Email Andrew.hare@evergy.com

Dun & Brostreet N/A

State MO

Country USA

Zip 64105-2122

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

Business Name Evergy, Inc.

Address Evergy, Inc. Attn: Andrew Hare

City Kansas City

Phone 913-231-9671

State MO

Zip 64105-2122

5. Section Reporting: Please check as appropriate

☒ Section 312

☐ Section 311

☒ Annual

☐ Revision

☐ Identical to last year

For Official Use Only

Facility ID #

Parent ID #

Entered by

6. Optional Attachments

☐ Site Plan

☐ Site Coordinate Abbreviations

☐ Description of Dikes

☐ Other Safeguard Measures



8. Chemical Information

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 checked="" type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type Other Pressure Ambient pressure Temperature Ambient temperature Storage Location Transformer	23,236 Maximum Daily Amount (lbs) 23,236 Average Daily Amount (lbs)	365 Number of Days on Site Optional Report	Container Type Pressure Temperature Storage Location
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	Container Type Pressure Temperature Storage Location	Maximum Daily Amount (lbs) Average Daily Amount (lbs)	Number of Days on Site Optional Report	Container Type Pressure Temperature Storage Location