



Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory
Mail to: Right-to-Know Program
1000 S.W. 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 3

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

3a. Owner/Operator Identification

Name VERIZON WIRELESS-ENTERPRISE (ID:6235078)
Street Address 512 S BLUFF ST
Latitude 38.9000000 Longitude -97.1209000
City ENTERPRISE County DICKINSON State KS Zip 67441
Phone 908-559-4600
NAICS 517112
RMP Fac ID ☒ N/A
TRI Fac ID ☒ N/A
Max # of occupants ☐ Manned ☒ Unmanned

Business Name VERIZON WIRELESS
Address One Verizon Way, MC: 335040F State NJ Zip 07920-1097
City Basking Ridge
Business Phone 908-559-4600 Country USA
Submitter Susan Calderon
Email Susan.Calderon@verizonwireless.com
Dun & Brodstreet 884638305

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?
☐ Yes ☒ No

3b. Mailing Address if different from Owner/Operator Address
Business Name
Address
City State NJ Zip
ATTN
Phone

Subject to Chemical Accident Prevention under Section 112r of CAA (40 CFR part 68)?
☐ Yes ☒ No

4a. Tier II Contact

5. Section Reporting: Please check as appropriate

Name SUSAN CALDERON Title EPCRA PROGRAM MGR
Phone 908-559-4600 24-hour phone 800-386-9639
Email susan.calderon@verizonwireless.com

☒ Section 312 ☐ Section 311 ☐ Section 302
☒ Annual ☐ Revision ☐ Identical to last year

4b. Emergency Contact
Name SUSAN CALDERON Title EPCRA PROGRAM MGR
Phone 908-559-4600 24-hour phone 800-386-9639
Email susan.calderon@verizonwireless.com

Name NETWORK OPS CENTER Title MGR ON DUTY
Phone 800-264-6620 24-hour phone 800-386-9639
Email susan.calderon@verizonwireless.com

6. Optional Attachments
☐ Site Plan ☐ Description of Dikes
☐ Site Coordinate Abbreviations ☐ Other Safeguard Measures

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.

Susan Calderon - EPCRA Program Project Manager
Name and official title of owner/operator or authorized representative
1/16/2023 Date
Susan B. Calderon Signature

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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations								
			Container Type	Pressure Ambient Pressure	Temperature Ambient temperature	Storage Location <input type="checkbox"/> IN SHELTER					
Chemical Name: LEAD ACID BATTERIES CAS #: 7664-93-9 EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable):	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input checked="" type="checkbox"/> Respiratory or skin sensitization <input checked="" type="checkbox"/> Germ cell mutagenicity <input checked="" type="checkbox"/> Carcinogenicity <input checked="" type="checkbox"/> Reproductive toxicity <input checked="" 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	<input type="checkbox"/> Optional Report <table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure Ambient Pressure</th> <th>Temperature Ambient temperature</th> <th>Storage Location <input type="checkbox"/> IN SHELTER</th> </tr> </thead> <tbody> <tr> <td>Battery</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Container Type	Pressure Ambient Pressure	Temperature Ambient temperature	Storage Location <input type="checkbox"/> IN SHELTER	Battery			<input type="checkbox"/>
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MIXTURE COMPONENT INFORMATION FORM

Chemical Name: LEAD ACID BATTERIES		CAS #:	7664-93-9	EHS
Mixture Component Chemicals		%	CAS #	<input checked="" type="checkbox"/>
SULFURIC ACID		9.7	7664-93-9	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
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Chemical Name:		CAS #:		EHS
Mixture Component Chemicals		%	CAS #	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
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Chemical Name:		CAS #:		EHS
Mixture Component Chemicals		%	CAS #	<input type="checkbox"/>
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Chemical Name:		CAS #:		EHS
Mixture Component Chemicals		%	CAS #	<input type="checkbox"/>
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