



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

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

3a. Owner/Operator Identification

Name MFA OIL - HERINGTON
Street Address 612 SOUTH 5TH ST
Latitude 38.6605000 Longitude -96.9479000
City HERINGTON County DICKINSON State KS Zip 67449
Phone 785-965-2216
NAICS 424710
RMP Fac ID ☒ N/A
TRI Fac ID ☒ N/A
Max # of occupants 1 ☐ Manned ☒ Unmanned

Business Name MFA OIL CO
Address PO BOX 519
City COLUMBIA State MO Zip 65205
Business Phone 573-442-0171 Country USA
Submitter Daniel Creek
Email ehs@mfaoil.com
Dun & Bradstreet 006965123

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

☐ Yes ☒ No

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

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

4a. Tier II Contact

Name DANIEL CREEK Title EHS COORDINATOR
Phone 573-219-5785 24-hour phone 573-823-5473
Email dcreek@mfaoil.com

4b. Emergency Contact

Name Johnnie Howe Title MGR
Phone 620-342-2835 24-hour phone 913-225-6121
Email johnnie.howe@mfaoil.com

Name TRACY BARTH Title EHS DIRECTOR
Phone 573-876-0381 24-hour phone 573-999-2489
Email tbarth@mfaoil.com

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 2 and based on my examination of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Daniel Creek, EHS Coordinator 02/22/2023

Name and official title of owner/operator or authorized representative

Date

Signature

Daniel Creek

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

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