



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 CENTRAL VALLEY AG COOP - ABILENE FUELING SITE

Street Address 1903 N BUCKEYE

Latitude 38.9358000 Longitude -97.2128010

City ABILENE County DICKINSON State KS Zip 67410

Phone 785-200-6427

NAICS 457110

RMP Fac ID

TRI Fac ID

Mox # of occupants

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 LARRY CLEMONS

Phone 785-738-0799 Title REG/COMPL COORD

Email larry.clemmons@cvacoop.com

4b. Emergency Contact

Name KARL SERRIEN

Phone 785-392-4923 Title ENERGY OPS MGR

Email karl.serien@cvacoop.com

Name NATHAN MILES

Phone 785-392-4921 Title FUEL DELIVERY

Email nathan.miles@cvacoop.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 inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Larry Clemmons Regulatory Specialist

2/27/23

Name and official title of owner/operator or authorized representative

Date

Larry Clemmons

Signature

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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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations			
			<input type="checkbox"/> If Confidential			
Chemical Name: GASOLINE CAS #: 8006-61-9 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable):	<input type="checkbox"/> Explosive <input checked="" 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 checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input 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 checked="" type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<div> <div>Container Type</div> <div>Below Ground Tank</div> </div> <div> <div>Pressure</div> <div>Ambient Pressure</div> </div> <div> <div>Temperature</div> <div>Ambient Temperature</div> </div> <div> <div>Storage Location</div> <div>HWY 15 @ SHOPKO</div> </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> <div>Container Type</div> <div></div> </div> <div> <div>Pressure</div> <div></div> </div> <div> <div>Temperature</div> <div></div> </div> <div> <div>Storage Location</div> <div></div> </div>			
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