



Kansas EPRA 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 ROBSON OIL CO - TALMAGE
Street Address 2961 MAIN ST
Latitude 39.0250720 Longitude -97.2600570
City TALMAGE County DICKINSON State KS Zip 67482
Phone 785-263-2470
NAICS 447110
RMP Fac ID ☐ N/A
TRI Fac ID ☒ N/A
Max # of occupants ☐ Married ☐ Unmarried

Business Name ROBSON OIL COMPANY INC
Address 1302 PORTLAND State KS Zip 67410
City ABILENE State KS Zip 67410
Business Phone 785-263-2470 Country USA
Submitter PAT ROBSON
Email pat@robsonoil.com
Dun & Brodstreet

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

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

☐ Yes ☐ No

Business Name
Address
City State KS Zip
ATTN
Phone

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

4a. Tier II Contact

Name PAT ROBSON Title OWNER
Phone 785-263-2470 24-hour phone 785-263-2470
Email pat@robsonoil.com

4b. Emergency Contact
Name PAT ROBSON Title EMER CONTACT
Phone 785-263-2470 24-hour Phone 785-263-2470
Email pat@robsonoil.com

Name
Phone 24-hour Phone
Email

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

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

Pat Robson

1/4/23

Name and official title of owner/operator or authorized representative

Date

Signature

Storage Types & Locations
U if Confidential

[illegible]