



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 AT&TSWB - ABILENE CO/SOC - K56405
Street Address 420 N CEDAR
Latitude 38.9183000 Longitude -97.2165000
City ABILENE County DICKINSON State KS Zip 67410-2625
Phone 800-566-9347
NAICS 517111
RMP Fac ID ☒ N/A
TRI Fac ID ☒ N/A
Max # of occupants 4 ☒ Manned ☐ Unmanned

Business Name Southwestern Bell Telephone Company
Address 311 S. Akard Street, Floor 12
City Dallas State TX Zip 75202
Business Phone 800-566-9347 Country USA
Submitter Jeremy McGruue
Email g43573@att.com
Dun & Bradstreet 006980800

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

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 Jeremy McGruue Title National EPCRA Manager
Phone 409-295-2319 24-hour phone 800-566-9347
Email jeremy.mcgrue@att.com

4b. Emergency Contact

Name Ryan Morrell Title Property Manager
Phone 316-871-8534 24-hour Phone 316-871-8534
Email rx4138@att.com

Name Jeremy McGruue Title National EPCRA Manager
Phone 409-295-2319 24-hour Phone 800-566-9347
Email jeremy.mcgrue@att.com

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

Jeremy McGruue, National EPCRA Manager

1/10/2023

Date

Signature

Page 2 of 2[illegible]



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

Name AT&TSWB - CHAPMAN CDO - K56413

Street Address 120 E 4TH

Latitude 38.9704000 Longitude -97.0188000

City CHAPMAN County DICKINSON State KS Zip 67431

Phone 800-566-9347

NAICS 517111

RMP Fac ID ☒ N/A

TRI Fac ID ☒ N/A

Max # of occupants 0 ☐ 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 Jeremy McGrupe Title National EPCRA Manager

Phone 469-295-2319 24-hour phone 800-566-9347

Email jeremy.mcgrue@att.com

4b. Emergency Contact

Name Ryan Morrell Title Property Manager

Phone 316-871-8534 24-hour Phone 316-871-8534

Email rx4138@att.com

Name Jeremy McGrupe Title National EPCRA Manager

Phone 469-295-2319 24-hour Phone 800-566-9347

Email jeremy.mcgrue@att.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.

Jeremy McGrupe, National EPCRA Manager

Name and official title of owner/operator or authorized representative

1/10/2023

Date

Signature

3a. Owner/Operator Identification

Business Name Southwestern Bell Telephone Company

Address 311 S. Akard Street, Floor 12

City Dallas State TX Zip 75202

Business Phone 800-566-9347 Country USA

Submitter Jeremy McGrupe

Email g43573@att.com

Dun & Bradstreet 006980800

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

Business Name

Address

City State TX Zip

ATTN

Phone

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

8. Chemical Information

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations			
			<input type="checkbox"/> if Confidential			
Chemical Name: SULFURIC ACID 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	Container Type Battery	Pressure Ambient pressure	Temperature Ambient temperature	Storage Location BATTERY ROOM
EHS CAS # (if applicable): <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<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	<input type="checkbox"/> Optional Report	Maximum Daily Amount (lbs) 592	Average Daily Amount (lbs) 592	Number of Days on Site 365
Chemical Name: CAS #: EHS: <input type="checkbox"/> Yes <input type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<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	<input type="checkbox"/> Optional Report	Maximum Daily Amount (lbs) _____	Average Daily Amount (lbs) _____	Number of Days on Site _____



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

Name AT&T - ENTERPRISE CDO - K56419
Street Address 104 S COURT ST Longitude -97.1185000
Latitude 38.9048000
City ENTERPRISE County DICKINSON State KS Zip 67441
Phone 800-566-9347
NAICS 517111
RMP Fac ID ☒ N/A. ☐ N/A
TRI Fac ID ☐ Manned ☒ Unmanned
Max # of occupants 0

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 Jeremy McGrue Title National EPCRA Manager
Phone 469-295-2319 24-hour phone 800-566-9347
Email jeremy.mcgrue@att.com

4b. Emergency Contact
Name Ryan Morrell Title Property Manager
Phone 316-871-8534 24-hour phone 316-871-8534
Email rx4138@att.com

Name Jeremy McGrue Title National EPCRA Manager
Phone 469-295-2319 24-hour phone 800-566-9347
Email jeremy.mcgrue@att.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 and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Jeremy McGrue, National EPCRA Manager 1/10/2023
Name and official title of owner/operator or authorized representative Date Signature

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

3a. Owner/Operator Identification

Business Name Southwestern Bell Telephone Company
Address 311 S. Akard Street, Floor 12 State TX Zip 75202
City Dallas State TX Zip 75202
Business Phone 800-566-9347 Country USA
Submitter Jeremy McGrue
Email g43573@att.com
Dun & Bradstreet 006980800

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

Business Name
Address State TX Zip
City State TX Zip
ATTN
Phone

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

8. Chemical Information

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																												
Chemical Name: SULFURIC ACID 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 checked="" type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th colspan="2">Storage Location</th> </tr> <tr> <td>Battery</td> <td>Ambient Pressure</td> <td>Ambient Temperature</td> <td colspan="2"><input type="checkbox"/> BATTERY ROOM</td> </tr> </thead> <tbody> <tr> <td colspan="5"> 509 _____ Maximum Daily Amount (lbs) 509 _____ Average Daily Amount (lbs) </td> </tr> <tr> <td colspan="5"> 92 _____ Number of Days on Site </td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Optional Report </td> </tr> </tbody> </table>				Container Type	Pressure	Temperature	Storage Location		Battery	Ambient Pressure	Ambient Temperature	<input type="checkbox"/> BATTERY ROOM		509 _____ Maximum Daily Amount (lbs) 509 _____ Average Daily Amount (lbs)					92 _____ Number of Days on Site					<input type="checkbox"/> Optional Report				
Container Type	Pressure	Temperature	Storage Location																												
Battery	Ambient Pressure	Ambient Temperature	<input type="checkbox"/> BATTERY ROOM																												
509 _____ Maximum Daily Amount (lbs) 509 _____ Average Daily Amount (lbs)																															
92 _____ Number of Days on Site																															
<input type="checkbox"/> Optional Report																															
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	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th colspan="2">Storage Location</th> </tr> </thead> <tbody> <tr> <td colspan="5"> _____ Maximum Daily Amount (lbs) _____ Average Daily Amount (lbs) </td> </tr> <tr> <td colspan="5"> _____ Number of Days on Site </td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Optional Report </td> </tr> </tbody> </table>				Container Type	Pressure	Temperature	Storage Location		_____ Maximum Daily Amount (lbs) _____ Average Daily Amount (lbs)					_____ Number of Days on Site					<input type="checkbox"/> Optional Report									
Container Type	Pressure	Temperature	Storage Location																												
_____ Maximum Daily Amount (lbs) _____ Average Daily Amount (lbs)																															
_____ Number of Days on Site																															
<input type="checkbox"/> Optional Report																															



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

Name AT&T/SWB - HERINGTON CO - K56423
Street Address 1 N A STREET
Latitude 38.6708000 Longitude -96.9427000
City HERINGTON County DICKINSON State KS Zip 67449-2453
Phone 800-566-9347
NAICS 517111
RMP Fac ID N/A ☒ N/A
TRI Fac ID N/A ☐ Manned ☒ Unmanned
Max # of occupants 0

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 Jeremy McGru Title National EPCRA Manager
Phone 469-295-2319 24-hour phone 800-566-9347
Email jeremy.mcgrue@att.com

4b. Emergency Contact
Name Ryan Morrell Title Property Manager
Phone 316-871-8534 24-hour phone 316-871-8534
Email rx4138@att.com

Name Jeremy McGru Title National EPCRA Manager
Phone 469-295-2319 24-hour phone 800-566-9347
Email jeremy.mcgrue@att.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 _____ and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Jeremy McGru, National EPCRA Manager
Name and official title of owner/operator or authorized representative

1/10/2023
Date

Signature

1. Reporting Period
From January 1 to December 31, 2022

Page 1 of 2

3a. Owner/Operator Identification

Business Name Southwestern Bell Telephone Company
Address 311 S. Akard Street, Floor 12 State TX Zip 75202
City Dallas State TX Country USA
Business Phone 800-566-9347
Submitter Jeremy McGru
Email g43573@att.com
Dun & Brodstreet 006980800

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

Business Name _____
Address _____ State TX Zip _____
City _____
ATTN _____
Phone _____

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

Page 2 of 2

Chemical Description		Physical Hazards		Health Hazards		Storage Types & Locations			
						<input type="checkbox"/> if Confidential			
Chemical Name: SULFURIC ACID 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		<div> Container Type: Battery </div> <div> Pressure: Ambient Pressure </div> <div> Temperature: </div> <div> Storage Location: BATTERY ROOM </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> Container Type: </div> <div> Pressure: </div> <div> Temperature: </div> <div> Storage Location: </div>			
Trade Secret		Trade Secret		Trade Secret		Optional Report			
Trade Secret		Trade Secret		Trade Secret		Optional Report			



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

3a. Owner/Operator Identification

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

Name AT&T - KS3570

Street Address 508 S Van Buren St

Latitude 38.9105000 Longitude -97.2416000

City ABILENE County DICKINSON State KS Zip 67410

Phone 800-566-9347

NAICS 517111

RMP Fac ID

TRI Fac ID ☒ N/A ☐ Manned ☒ Unmanned

Max # of occupants 0

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 Contract

Name Jeremy McGruie Title National EPCRA Manager

Phone 469-295-2319 24-hour Phone 800-566-9347

Email jeremy.mcgrue@att.com

4b. Emergency Contact

Name Ryan Morrell Title Property Manager

Phone 316-871-8534 24-hour Phone 316-871-8534

Email rx4138@att.com

Name Jeremy McGruie Title National EPCRA Manager

Phone 469-295-2319 24-hour Phone 800-566-9347

Email jeremy.mcgrue@att.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 _____ and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Jeremy McGruie, National EPCRA Manager

Name and official title of owner/operator or authorized representative

1/10/2023

Date

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

Page 2 of 2[illegible]