



Department of Health
and Environment

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 West Abilene

Street Address 1404 W 8th

Latitude 38.9230000 Longitude -97.2367000

City ABILENE County DICKINSON State KS Zip 67410

Phone 913-231-9671

NAICS 221122

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 Andrew Hare Title Environmental Compliance Coordinator

Phone 785-508-2841 24-hour phone 913-231-9671

Email Andrew.Hare@evergy.com

4b. Emergency Contact

Name Distribution n/a Title 24 Hour Contact

Phone 816-701-0613 24-hour Phone 816-701-0613

Email dds@evergy.com

Name _____ Title _____

Phone _____ 24-hour Phone _____

Email _____

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.

Name and official title of owner/operator or authorized representative _____

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

Chemical Description		Physical Hazards		Health Hazards		Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: Transformer Oil CAS #: none EHS: <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified		<div> <div>Container Type</div> <div>Pressure</div> <div>Ambient pressure</div> <div>Ambient temperature</div> <div>Transformer</div> <div>Storage Location</div> </div> <div> Other </div>			
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> <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		<div> <div>Container Type</div> <div>Pressure</div> <div>Ambient pressure</div> <div>Ambient temperature</div> <div>Transformer</div> <div>Storage Location</div> </div> <div> 365 Number of Days on Site </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>Pressure</div> <div>Ambient pressure</div> <div>Ambient temperature</div> <div>Transformer</div> <div>Storage Location</div> </div> <div> 365 Number of Days on Site </div>			
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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 Abilene Energy Center

Street Address 997 2000 Ave

Latitude 38.8831000

Longitude -97.2018000

City ABILENE

County DICKINSON

State KS Zip 67410

Phone 913-231-9671

NAICS 221122

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 Andrew Hare

Title Environmental Compliance Coordinator

Phone 785-508-2841

24-hour phone 913-231-9671

Email Andrew.Hare@evergy.com

4b. Emergency Contact

Name Distribution n/a

Title 24 Hour Contact

Phone 816-701-0613

24-hour Phone 816-701-0613

Email dds@evergy.com

Name

Title

Phone

24-hour Phone

Email

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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.

Name and official title of owner/operator or authorized representative

Date

Signature

5. Section Reporting: Please check as appropriate

For Official Use Only

☒ Section 312

☐ Section 311

☐ Section 302

☒ Annual

☐ Revision

☐ Identical to last year

Facility ID #

Parent ID #

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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			
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Chemical Name: Transformer Oil CAS #: none EHS: <input type="checkbox"/> Yes <input checked="" 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"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified		<div> <input type="checkbox"/> Container Type <input type="checkbox"/> Pressure <input type="checkbox"/> Temperature <input type="checkbox"/> Storage Location </div> <div> Other <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> Transformer </div>			
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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"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified		<div> <input type="checkbox"/> Container Type <input type="checkbox"/> Pressure <input type="checkbox"/> Temperature <input type="checkbox"/> Storage Location </div> <div> Maximum Daily Amount (lbs) <input type="checkbox"/> Average Daily Amount (lbs) </div> <div> Number of Days on Site </div> <div> <input type="checkbox"/> Optional Report </div>			



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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 EVERGY-CHAPMAN JCT SUBSTATION

Street Address 2017 2800 AVE

Latitude 39.0028000 Longitude -97.0170000

City CHAPMAN County DICKINSON State KS Zip 67431

Phone 913-231-9671

NAICS 221122

RMP Fac ID ☒ N/A

TRI Fac ID ☒ N/A

Max # of occupants ☐ 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 Andrew Hare Title Environmental Coordinator

Phone 913-231-9671 24-hour phone 913-231-9671

Email andrew.hare@evergy.com

4b. Emergency Contact

Name DISTRIBUTION Title 24 HR CONTACT

Phone 816-701-0613 24-hour Phone 816-701-0613

Email dds@evergy.com

Name Title

Phone 24-hour Phone

Email

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.

Name and official title of owner/operator or authorized representative

Date

Signature

Business Name EVERGY KANSAS CENTRAL

Address 1200 MAIN ST

City KANSAS CITY State MO Zip 64105-2122

Business Phone 785-575-8273 Country USA

Submitter ANDREW HARE

Email andrew.hare@evergy.com

Dun & Bradstreet N/A

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

Business Name EVERGY INC

Address EVERGY INC ATTN ANDREW HARE

City KANSAS CITY State MO Zip 64105-2122

ATTN ANDREW HARE

Phone 913-231-9671

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: 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 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 checked="" 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 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>Battery</div> </div> <div> Pressure <div>Ambient Pressure</div> </div> <div> Temperature <div>Ambient temperature</div> </div> <div> Storage Location <div>VARIOUS BATTERY BANKS</div> </div> </div> <div> <div> 1,043 <div>Maximum Daily Amount (lbs)</div> </div> <div> 1,043 <div>Average Daily Amount (lbs)</div> </div> </div> <div> <div> 365 <div>Number of Days on Site</div> </div> <div> <input type="checkbox"/> Optional Report </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> Pressure <div></div> </div> <div> Temperature <div></div> </div> <div> Storage Location <div></div> </div> </div> <div> <div> <div>Maximum Daily Amount (lbs)</div> <div>Average Daily Amount (lbs)</div> </div> <div> <div>Number of Days on Site</div> <div>Optional Report</div> </div> </div>			



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

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

Name Abilene DS&O *WDSC*
 Street Address 674 1900th Ave
 Latitude 38.8712000 Longitude -97.2655000
 City ABILENE County DICKINSON State KS Zip 67410
 Phone 913-231-9671
 NAICS 221122
 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

Business Name Everygy Inc.
 Address 1200 Main St.
 City Kansas City State MO Zip 64105-2122
 Business Phone 785-508-2841 Country USA
 Submitter Andrew Hare
 Email Andrew.hare@everygy.com
 Dun & Brodstreet N/A
 3b. Mailing Address if different from Owner/Operator Address
 Business Name Everygy, Inc.
 Address Everygy, Inc. Attn: Andrew Hare
 City Kansas City State MO Zip 64105-2122
 ATTN Andrew Hare
 Phone 913-231-9671

4a. Tier II Contact

Name Andrew Hare Title Environmental Compliance Coordinator
 Phone 785-508-2841 24-hour phone 913-231-9671
 Email Andrew.Hare@everygy.com

5. Section Reporting: Please check as appropriate

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

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Facility ID # Parent ID # Entered by

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3a. Owner/Operator Identification

Name Enterprise *WDSC*

Street Address 208 W 1st

Latitude 38.9054000

City ENTERPRISE

Phone 913-231-9671

NAICS 221122

RMP Fac ID

TPI Fac ID

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 Andrew Hare

Phone 785-508-2841

Email Andrew.Hare@everyy.com

4b. Emergency Contact

Name Distribution n/a

Phone 816-701-0613

Email dds@everyy.com

Name

Phone

Email

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Name and official title of owner/operator or authorized representative

Date

Signature

Business Name Everyy, Inc.

Address 1200 Main St.

City Kansas City

Business Phone 785-508-2841

Submitter Andrew Hare

Email Andrew.hare@everyy.com

Dun & Bradstreet N/A

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

Business Name Everyy, Inc.

Address Everyy, Inc. Attn: Andrew Hare

City Kansas City

Phone 913-231-9671

5. Section Reporting: Please check as appropriate

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☐ Section 311

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☐ Description of Dikes

☐ Other Safeguard Measures



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 EVERGY-EAST ABILENE

Street Address 1047 14TH ST

Latitude 38.9304000 Longitude -97.1957000

City ABILENE County DICKINSON State KS Zip 67410

Phone 913-231-9671

NAICS 221122

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 112c of CAA (40 CFR part 68)?

☐ Yes ☒ No

4a. Tier II Contact

Name ANDREW HARE Title ENV COMPLIANCE MGR

Phone 785-508-2841 24-hour phone 913-231-9671

Email andrew.hare@evergy.com

4b. Emergency Contact

Name DISTRIBUTION Title 24 HR CONTACT

Phone 816-701-0613 24-hour Phone 816-701-0613

Email dds@evergy.com

Name _____ Title _____

Phone _____ 24-hour Phone _____

Email _____

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.

Name and official title of owner/operator or authorized representative _____

Date _____

Signature _____

Business Name Evergy Inc.

Address 1200 Main St.

City Kansas City State MO Zip 64105-2122

Business Phone 785-508-2841 Country USA

Submitter Andrew Hare

Email andrew.hare@evergy.com

Dun & Bradstreet N/A

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

Business Name Evergy, Inc.

Address Evergy, Inc. Attn: Andrew Hare

City Kansas City State MO Zip 64105-2122

ATTN Andrew Hare

Phone 913-231-9671

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]



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 Herington City *WDSC*

Street Address 415 S 5th

Latitude 38.6665000 Longitude -96.9490000

City HERINGTON County DICKINSON State KS Zip 67449

Phone 913-231-9671

NAICS 221122

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 ANDREW HARE Title ENV COMPLIANCE MGR

Phone 785-508-2841 24-hour phone 913-231-9671

Email andrew.hare@everyy.com

4b. Emergency Contact

Name Distribution n/a Title 24 Hour Contact

Phone 816-701-0613 24-hour Phone 816-701-0613

Email dds@everyy.com

Name Title

Phone 24-hour Phone

Email

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.

Name and official title of owner/operator or authorized representative

Date

Signature

3a. Owner/Operator Identification

Business Name Everyy Inc.

Address 1200 Main St.

City Kansas City State MO Zip 64105-2122

Business Phone 785-508-2841 Country USA

Submitter Andrew Hare

Email andrew.hare@everyy.com

Dun & Brostreet N/A

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

Business Name Everyy, Inc.

Address Everyy, Inc. Attn: Andrew Hare

City Kansas City State MO Zip 64105-2122

ATTN Andrew Hare

Phone 913-231-9671

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

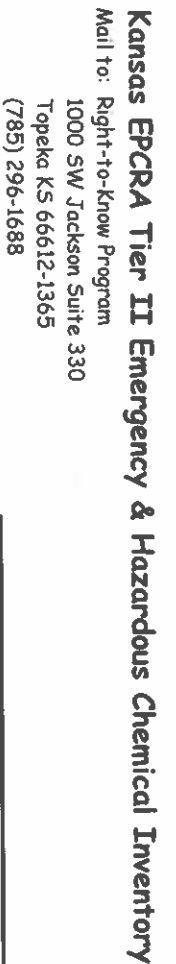
☐ Description of Dikes

☐ Site Coordinate Abbreviations

☐ Other Safeguard Measures



Chemical Description		Physical Hazards		Health Hazards		Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: Transformer Oil CAS #: none EHS: <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified		<div> <div>Container Type</div> <div>Pressure</div> <div>Ambient pressure</div> <div>Temperature</div> <div>Ambient temperature</div> <div>Storage Location</div> <div><input type="checkbox"/> Transformer</div> </div> <div> <div>Other</div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>			
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" 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		<div> <div>Container Type</div> <div>Pressure</div> <div>Temperature</div> <div>Storage Location</div> </div> <div> <div>Optional Report</div> <div>23,236</div> <div>Maximum Daily Amount (lbs)</div> <div>23,236</div> <div>Average Daily Amount (lbs)</div> <div>365</div> <div>Number of Days on Site</div> <div><input type="checkbox"/> Optional Report</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>Pressure</div> <div>Temperature</div> <div>Storage Location</div> </div> <div> <div>Optional Report</div> <div></div> <div>Maximum Daily Amount (lbs)</div> <div></div> <div>Average Daily Amount (lbs)</div> <div></div> <div>Number of Days on Site</div> <div><input type="checkbox"/> Optional Report</div> </div>			



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

Page 1 of 2

2. Facility Identification		2a. New Facility <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name <u>1518 Jct. *WDSC*</u>		
Street Address <u>2994 Hwy 15</u>		
Latitude <u>39.0308000</u>	Longitude <u>-97.2036000</u>	
City <u>ABILENE</u>	County <u>DICKINSON</u>	State <u>KS</u> Zip <u>67410</u>
Phone <u>913-231-9671</u>		
NATCS <u>221122</u>		
RMP Fac ID _____	<input checked="" type="checkbox"/> N/A	
TRI Fac ID _____	<input checked="" type="checkbox"/> N/A	
Max # of occupants <u>0</u>	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Unmarried	
Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subject to Chemical Accident Prevention under Section 112r of CAA (40 CFR part 68)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
4a. Tier II Contact		
Name <u>Andrew Hare</u>	Title <u>Environmental Compliance Coordinator</u>	
Phone <u>785-508-2841</u>	24-hour phone <u>913-231-9671</u>	
Email <u>Andrew.Hare@everyy.com</u>		
4b. Emergency Contact		
Name <u>Distribution n/a</u>	Title <u>24 Hour Contact</u>	
Phone <u>816-701-0613</u>	24-hour Phone <u>816-701-0613</u>	
Email <u>dds@everyy.com</u>		
Name _____	Title _____	
Phone _____	24-hour Phone _____	
Email _____		
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.		
Name and official title of owner/operator or authorized representative _____ Date _____ Signature _____		
3a. Owner/Operator Identification		3b. Mailing Address if different from Owner/Operator Address
Business Name <u>Everyy Inc.</u>		Business Name <u>Everyy, Inc.</u>
Address <u>1200 Main St.</u>		Address <u>Everyy, Inc. Attn: Andrew Hare</u>
City <u>Kansas City</u>	State <u>MO</u>	City <u>Kansas City</u>
Business Phone <u>785-508-2841</u>	Country <u>USA</u>	State <u>MO</u>
Submitter <u>Andrew Hare</u>	Email <u>Andrew.hare@everyy.com</u>	Zip <u>64105-2122</u>
Dun & Bradstreet <u>N/A</u>	ATTN <u>Andrew Hare</u>	
	Phone <u>913-231-9671</u>	
5. Section Reporting: Please check as appropriate		
For Official Use Only		
<input checked="" type="checkbox"/> Section 312	<input type="checkbox"/> Section 311	<input type="checkbox"/> Section 302
<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Revision	<input type="checkbox"/> Identical to last year
Facility ID # _____	Parent ID # _____	Entered by _____
6. Optional Attachments		
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Description of Dikes	
<input type="checkbox"/> Site Coordinate Abbreviations	<input type="checkbox"/> Other Safeguard Measures	

[illegible]