



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, 2023

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2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name AGRI TRAILS COOP - CARLTON
Street Address 3RD & MAIN
Latitude 38.6849140 Longitude -97.2924110
City CARLTON County DICKINSON State KS Zip 67429
Phone 785-949-2222
NAICS 424510
RMP Fac ID ☒ N/A
TRI Fac ID ☒ N/A
Max # of occupants 8 ☒ 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

3a. Owner/Operator Identification

Business Name AGRI TRAILS COOP
Address 508 MAIN ST
City HOPE State KS Zip 67451
Business Phone 785-366-7213 Country USA
Submitter DAREL ANDERSON
Email danderson@agritrails.com
Dun & Bradstreet 080168609

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

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

4a. Tier II Contact

Name TRESA KRUEGER Title BRANCH MGR
Phone 785-949-2222 24-hour phone 785-342-5407
Email _____

4b. Emergency Contact

Name TRESA KRUEGER Title BRANCH MGR
Phone 785-949-2222 24-hour Phone 785-342-5407
Email _____

Name DAREL ANDERSON Title GENERAL MGR
Phone 785-366-7213 24-hour Phone 785-366-7429
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
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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.

Name and official title of owner/operator or authorized representative

Date

Signature

8. Chemical Information

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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: DAP 18-46-0	<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 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	Container Type	Pressure	Temperature	Storage Location
Other			Ambient Pressure	Ambient temperature	<input type="checkbox"/> DRY FERTILIZER SHED	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
CAS #: 7783-28-0	<u>250,000</u> Maximum Daily Amount (lbs) <u>100,000</u> Average Daily Amount (lbs) <u>365</u> Number of Days on Site <input type="checkbox"/> Optional Report					
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
EHS Name (if applicable):						
EHS CAS # (if applicable):						
<input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas						
<input type="checkbox"/> Pure <input type="checkbox"/> Mix						
<input type="checkbox"/> Trade Secret						
Chemical Name: DIESEL FUEL	<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 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 checked="" 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	Container Type	Pressure	Temperature	Storage Location
Above Ground Tank			Ambient pressure	Ambient temperature	<input type="checkbox"/> WEST SIDE OF OFFICE	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
CAS #: 68476-34-6	<u>21,000</u> Maximum Daily Amount (lbs) <u>13,775</u> Average Daily Amount (lbs) <u>365</u> Number of Days on Site <input type="checkbox"/> Optional Report					
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
EHS Name (if applicable):						
EHS CAS # (if applicable):						
<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						

8. Chemical Information

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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: GASOLINE UNLEADED 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"/> 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 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 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>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> KEYTROL PUMPS N SIDE OF OFFICE</td> </tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> _____ 12,510 _____ Maximum Daily Amount (lbs) _____ 9,100 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Ambient pressure	Ambient temperature	<input type="checkbox"/> KEYTROL PUMPS N SIDE OF OFFICE				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
Container Type	Pressure	Temperature	Storage Location																																												
Above Ground Tank	Ambient pressure	Ambient temperature	<input type="checkbox"/> KEYTROL PUMPS N SIDE OF OFFICE																																												
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Chemical Name: MAP 11-52-0 CAS #: 7722-76-1 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input checked="" 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 checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input 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 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>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Other</td> <td>Ambient Pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> DRY FERTILIZER SHED</td> </tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> _____ 125,000 _____ Maximum Daily Amount (lbs) _____ 77,750 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Other	Ambient Pressure	Ambient temperature	<input type="checkbox"/> DRY FERTILIZER SHED				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
Container Type	Pressure	Temperature	Storage Location																																												
Other	Ambient Pressure	Ambient temperature	<input type="checkbox"/> DRY FERTILIZER SHED																																												
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8. Chemical Information

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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: POTASH 0-0-60	<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	Container Type	Pressure	Temperature	Storage Location
CAS #: 7447-40-7			Other	Ambient Pressure	Ambient temperature	<input type="checkbox"/> DRY FERTILIZER SHED
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/>
EHS Name (if applicable):						<input type="checkbox"/>
EHS CAS # (if applicable):						<input type="checkbox"/>
<input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas						<input type="checkbox"/>
<input type="checkbox"/> Pure <input type="checkbox"/> Mix						<input type="checkbox"/>
<input type="checkbox"/> Trade Secret						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
			_____ 125,000 _____ Maximum Daily Amount (lbs) _____ 68,500 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			
Chemical Name: PROPANE	<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 checked="" 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 checked="" type="checkbox"/> Hazard not otherwise classified	Container Type	Pressure	Temperature	Storage Location
CAS #: 74-98-6			Cylinder	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> HEATING TANK E SIDE OF OFFICE
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/>
EHS Name (if applicable):						<input type="checkbox"/>
EHS CAS # (if applicable):						<input type="checkbox"/>
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas						<input type="checkbox"/>
<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix						<input type="checkbox"/>
<input type="checkbox"/> Trade Secret						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
			_____ 6,800 _____ Maximum Daily Amount (lbs) _____ 3,675 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input checked="" type="checkbox"/> Optional Report			

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations					
			Container Type	Pressure	Temperature	Storage Location		
Chemical Name: UREA	<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 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	Other	Ambient Pressure	Ambient temperature	<input type="checkbox"/> DRY FERTILIZER SHED		
CAS #: 57-13-6						<input type="checkbox"/>		
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/>		
EHS Name (if applicable):						<input type="checkbox"/>		
EHS CAS # (if applicable):						<input type="checkbox"/>		
<input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas						<input type="checkbox"/>		
<input type="checkbox"/> Pure <input type="checkbox"/> Mix						<input type="checkbox"/>		
<input type="checkbox"/> Trade Secret						<input type="checkbox"/>		
			250,000 Maximum Daily Amount (lbs)					
			125,000 Average Daily Amount (lbs)					
			365 Number of Days on Site					
			<input type="checkbox"/> Optional Report					
Chemical Name:	<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	Container Type	Pressure	Temperature	Storage Location		
CAS #:						<input type="checkbox"/>		
EHS: <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/>		
EHS Name (if applicable):						<input type="checkbox"/>		
EHS CAS # (if applicable):						<input type="checkbox"/>		
<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas						<input type="checkbox"/>		
<input type="checkbox"/> Pure <input type="checkbox"/> Mix						<input type="checkbox"/>		
<input type="checkbox"/> Trade Secret						<input type="checkbox"/>		
			Maximum Daily Amount (lbs)					
			Average Daily Amount (lbs)					
			Number of Days on Site					
			<input type="checkbox"/> Optional Report					

MIXTURE COMPONENT INFORMATION FORM

Chemical Name: DAP 18-46-0

CAS #: 7783-28-0

Mixture Component Chemicals	%	CAS #	EHS
DIAMMONIUM PHOSPHATE	100	7783-28-0	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: DIESEL FUEL

CAS #: 68476-34-6

Mixture Component Chemicals	%	CAS #	EHS
DIESEL	<100	68476-34-6	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: GASOLINE UNLEADED

CAS #: 8006-61-9

Mixture Component Chemicals	%	CAS #	EHS
ETHYL ALCOHOL	60-99	8006-61-9	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: MAP 11-52-0

CAS #: 7722-76-1

Mixture Component Chemicals	%	CAS #	EHS
MONO AMMONIUM PHOSPHATE	100	7722-76-1	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

MIXTURE COMPONENT INFORMATION FORM

Chemical Name: POTASH 0-0-60

CAS #: 7447-40-7

Mixture Component Chemicals	%	CAS #	EHS
POTTASIAM SULFATE	>95	7447-40-7	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: PROPANE

CAS #: 74-98-6

Mixture Component Chemicals	%	CAS #	EHS
PROPYLENE	5	115-07-1	<input type="checkbox"/>
PROPANE	95	74-98-6	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: UREA

CAS #: 57-13-6

Mixture Component Chemicals	%	CAS #	EHS
UREA	>98	57-13-6	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name:

CAS #:

Mixture Component Chemicals	%	CAS #	EHS
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>