



## 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 - CHAPMAN ELEVATOR

Street Address 301 E 3RD

Latitude 38.9695660 Longitude -97.0149370

City CHAPMAN County DICKINSON State KS Zip 67431

Phone 785-922-6505

NAICS 424510

RMP Fac ID ☒ N/A

TRI Fac ID ☒ N/A

Max # of occupants 15 ☒ 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@agritrills.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 TOM HASLOUER Title BRANCH MGR

Phone 785-922-6505 24-hour phone 785-556-0552

Email \_\_\_\_\_

### 4b. Emergency Contact

Name TOM HASLOUER Title BRANCH MGR

Phone 785-922-6505 24-hour Phone 785-556-0552

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

### 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<br><input type="checkbox"/> if Confidential   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|--|---|---|---|----------------|----------|-------------|------------------|-------------------|------------------|---------------------|--|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|
| Chemical Name:<br>10-34-0 FERTILIZER<br><br>CAS #: 68333-79-9<br><br>EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>EHS Name (if applicable):<br><br>EHS CAS # (if applicable):<br><br><input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas<br><br><input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix<br><br><input type="checkbox"/> Trade Secret | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input checked="" type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><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"/> CONTAINMENT</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><br>_____ 208,000 _____ Maximum Daily Amount (lbs)<br>_____ 100,000 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report | Container Type | Pressure | Temperature | Storage Location | Above Ground Tank | Ambient Pressure | Ambient temperature | <input type="checkbox"/> CONTAINMENT         |  |  |  | <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"/> CONTAINMENT  |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|  |   |   | <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"/>  |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
| Chemical Name:<br>11-52-0 MAP<br><br>CAS #: 7722-76-1<br><br>EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>EHS Name (if applicable):<br><br>EHS CAS # (if applicable):<br><br><input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas<br><br><input type="checkbox"/> Pure <input type="checkbox"/> Mix<br><br><input type="checkbox"/> Trade Secret                    | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input checked="" type="checkbox"/> Acute toxicity (any route of exposure)<br><input type="checkbox"/> Skin corrosion or irritation<br><input type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><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><br>_____ 610,000 _____ Maximum Daily Amount (lbs)<br>_____ 200,000 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><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  |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|  |   |   | <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"/>  |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |

## 8. Chemical Information

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| Chemical Description   | Physical Hazards   | Health Hazards  | Storage Types & Locations<br><input type="checkbox"/> if Confidential |                  |                     |  |
|--|--|---|---|------------------|---------------------|--|
|  |  |   | Container Type  | Pressure         | Temperature         | Storage Location                             |
| Chemical Name:<br>12-0-0-26 THIOSOLE   | <input type="checkbox"/> Explosive                                       | <input type="checkbox"/> Acute toxicity (any route of exposure)                       | Other   | Ambient Pressure | Ambient temperature | <input type="checkbox"/> DRY FERTILIZER SHED |
| CAS #: 68333-18-8  | <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) | <input checked="" type="checkbox"/> Skin corrosion or irritation                      |   |                  |                     | <input type="checkbox"/>                     |
| EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               | <input type="checkbox"/> Oxidizer (gas, liquid, or solid)                | <input checked="" type="checkbox"/> Serious eye damage or eye irritation              |   |                  |                     | <input type="checkbox"/>                     |
| EHS Name (if applicable):  | <input type="checkbox"/> Self-reactive                                   | <input type="checkbox"/> Respiratory or skin sensitization                            |   |                  |                     | <input type="checkbox"/>                     |
| EHS CAS # (if applicable):   | <input type="checkbox"/> Pyrophoric (liquid or solid)                    | <input type="checkbox"/> Germ cell mutagenicity                                       |   |                  |                     | <input type="checkbox"/>                     |
|  | <input type="checkbox"/> Pyrophoric gas                                  | <input type="checkbox"/> Carcinogenicity  |   |                  |                     | <input type="checkbox"/>                     |
|  | <input type="checkbox"/> Self-heating                                    | <input type="checkbox"/> Reproductive toxicity  |   |                  |                     | <input type="checkbox"/>                     |
|  | <input type="checkbox"/> Organic peroxide                                | <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) |   |                  |                     | <input type="checkbox"/>                     |
|  | <input type="checkbox"/> Corrosive to metal                              | <input type="checkbox"/> Aspiration hazard  |   |                  |                     | <input type="checkbox"/>                     |
|  | <input type="checkbox"/> Gas under pressure (compressed gas)             | <input type="checkbox"/> Simple asphyxiant  |   |                  |                     | <input type="checkbox"/>                     |
| <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas | <input type="checkbox"/> In contact with water emits flammable gas       | <input type="checkbox"/> Hazard not otherwise classified                              | <u>52,000</u> Maximum Daily Amount (lbs)                              |                  |                     |  |
| <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix                                  | <input type="checkbox"/> Combustible Dust                                |   | <u>30,000</u> Average Daily Amount (lbs)                              |                  |                     |  |
| <input type="checkbox"/> Trade Secret  | <input type="checkbox"/> Hazard not otherwise classified                 |   | <u>365</u> Number of Days on Site                                     |                  |                     |  |
|  |  |   | <input type="checkbox"/> Optional Report                              |                  |                     |  |
| Chemical Name:<br>12-40-0-10-1   | <input type="checkbox"/> Explosive                                       | <input type="checkbox"/> Acute toxicity (any route of exposure)                       | Other   | Ambient Pressure | Ambient temperature | <input type="checkbox"/> DRY SHED            |
| CAS #: 7722-76-1   | <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) | <input checked="" type="checkbox"/> Skin corrosion or irritation                      |   |                  |                     | <input type="checkbox"/>                     |
| EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               | <input type="checkbox"/> Oxidizer (gas, liquid, or solid)                | <input checked="" type="checkbox"/> Serious eye damage or eye irritation              |   |                  |                     | <input type="checkbox"/>                     |
| EHS Name (if applicable):  | <input type="checkbox"/> Self-reactive                                   | <input type="checkbox"/> Respiratory or skin sensitization                            |   |                  |                     | <input type="checkbox"/>                     |
| EHS CAS # (if applicable):   | <input type="checkbox"/> Pyrophoric (liquid or solid)                    | <input type="checkbox"/> Germ cell mutagenicity                                       |   |                  |                     | <input type="checkbox"/>                     |
|  | <input type="checkbox"/> Pyrophoric gas                                  | <input type="checkbox"/> Carcinogenicity  |   |                  |                     | <input type="checkbox"/>                     |
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|  | <input type="checkbox"/> Corrosive to metal                              | <input type="checkbox"/> Aspiration hazard  |   |                  |                     | <input type="checkbox"/>                     |
|  | <input type="checkbox"/> Gas under pressure (compressed gas)             | <input type="checkbox"/> Simple asphyxiant  |   |                  |                     | <input type="checkbox"/>                     |
| <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas | <input type="checkbox"/> In contact with water emits flammable gas       | <input type="checkbox"/> Hazard not otherwise classified                              | <u>610,000</u> Maximum Daily Amount (lbs)                             |                  |                     |  |
| <input type="checkbox"/> Pure <input type="checkbox"/> Mix   | <input type="checkbox"/> Combustible Dust                                |   | <u>200,000</u> Average Daily Amount (lbs)                             |                  |                     |  |
| <input type="checkbox"/> Trade Secret  | <input type="checkbox"/> Hazard not otherwise classified                 |   | <u>365</u> Number of Days on Site                                     |                  |                     |  |
|  |  |   | <input type="checkbox"/> Optional Report                              |                  |                     |  |

## 8. Chemical Information

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| Chemical Description   | Physical Hazards  | Health Hazards  | Storage Types & Locations<br><input type="checkbox"/> if Confidential  |                  |                     |   |
|--|---|---|--|------------------|---------------------|---|
| Chemical Name:<br>28-0-0   | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input checked="" type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified | Container Type   | Pressure         | Temperature         | Storage Location                            |
| CAS #: 15978-77-5  |   |   | Above Ground Tank  | Ambient Pressure | Ambient temperature | <input type="checkbox"/> LIQUID CONTAINMENT |
| 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 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"/>                    |
|  |   |   | _____ 1,040,000 _____ Maximum Daily Amount (lbs)<br>_____ 520,000 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report |                  |                     |   |
| Chemical Name:<br>AMS  | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input checked="" type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified | Container Type   | Pressure         | Temperature         | Storage Location                            |
| CAS #: 7783-20-2   |   |   | Other  | Ambient Pressure | Ambient temperature | <input type="checkbox"/> DRY 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 checked="" type="checkbox"/> Mix                                  |   |   |  |                  |                     | <input type="checkbox"/>                    |
| <input type="checkbox"/> Trade Secret  |   |   |  |                  |                     | <input type="checkbox"/>                    |
|  |   |   |  |                  |                     | <input type="checkbox"/>                    |
|  |   |   |  |                  |                     | <input type="checkbox"/>                    |
|  |   |   | _____ 52,000 _____ Maximum Daily Amount (lbs)<br>_____ 12,000 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report     |                  |                     |   |

## 8. Chemical Information

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| Chemical Description   | Physical Hazards  | Health Hazards  | Storage Types & Locations<br><input type="checkbox"/> if Confidential   |                  |                     |  |
|--|---|---|---|------------------|---------------------|--|
| Chemical Name:<br>ANTIFREEZE   | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input checked="" type="checkbox"/> Acute toxicity (any route of exposure)<br><input checked="" type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified                                  | Container Type  | Pressure         | Temperature         | Storage Location                       |
| CAS #: 107-21-1  |   |   | Steel Drum  | Ambient Pressure | Ambient temperature | <input type="checkbox"/> CHEMICAL ROOM |
| EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |   |   | Steel Drum  | Ambient Pressure | Ambient temperature | <input type="checkbox"/> SHOP          |
| EHS Name (if applicable):  |   |   |   |                  |                     | <input type="checkbox"/>               |
| EHS CAS # (if applicable):   |   |   |   |                  |                     | <input type="checkbox"/>               |
| <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input 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"/>               |
|  |   |   | _____ 1,026 _____ Maximum Daily Amount (lbs)<br>_____ 410 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input checked="" type="checkbox"/> Optional Report |                  |                     |  |
| Chemical Name:<br>ATRAZINE 4L  | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input checked="" type="checkbox"/> Acute toxicity (any route of exposure)<br><input checked="" type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input checked="" type="checkbox"/> Germ cell mutagenicity<br><input checked="" type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input checked="" type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified | Container Type  | Pressure         | Temperature         | Storage Location                       |
| CAS #: 1912-24-9   |   |   | Tank Inside Building  | Ambient Pressure | Ambient temperature | <input type="checkbox"/> CHEMICAL BLDG |
| 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 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"/>               |
|  |   |   | _____ 18,400 _____ Maximum Daily Amount (lbs)<br>_____ 5,520 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report         |                  |                     |  |

## 8. Chemical Information

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| Chemical Description  | Physical Hazards  | Health Hazards   | Storage Types & Locations<br><input type="checkbox"/> if Confidential  |                |          |             |                  |                              |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|---|---|--|--|----------------|----------|-------------|------------------|------------------------------|------------------|---------------------|---|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|
| Chemical Name:<br><b>AUTHORITY SUPREME</b><br><br>CAS #: 57-55-6<br><br>EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>EHS Name (if applicable):<br><br>EHS CAS # (if applicable):<br><br><input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas<br><br><input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix<br><br><input type="checkbox"/> Trade Secret   | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input checked="" type="checkbox"/> Acute toxicity (any route of exposure)<br><input type="checkbox"/> Skin corrosion or irritation<br><input type="checkbox"/> Serious eye damage or eye irritation<br><input checked="" type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input checked="" type="checkbox"/> Carcinogenicity<br><input checked="" type="checkbox"/> Reproductive toxicity<br><input checked="" type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><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>Plastic Drum or Non-Metallic</td> <td>Ambient Pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> CHEMICAL WAREHOUSE</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><br>_____ 25,250 _____ Maximum Daily Amount (lbs)<br>_____ 6,060 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report | Container Type | Pressure | Temperature | Storage Location | Plastic Drum or Non-Metallic | Ambient Pressure | Ambient temperature | <input type="checkbox"/> CHEMICAL WAREHOUSE |  |  |  | <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   |                |          |             |                  |                              |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
| Plastic Drum or Non-Metallic  | Ambient Pressure  | Ambient temperature  | <input type="checkbox"/> CHEMICAL WAREHOUSE  |                |          |             |                  |                              |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |  | <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"/>   |                |          |             |                  |                              |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
| Chemical Name:<br><b>BUCCANEER 5 PLUS</b><br><br>CAS #: 38641-94-0<br><br>EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>EHS Name (if applicable):<br><br>EHS CAS # (if applicable):<br><br><input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas<br><br><input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix<br><br><input type="checkbox"/> Trade Secret | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><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>Tank Inside Building</td> <td>Ambient Pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> CHEMICAL 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><br>_____ 29,100 _____ Maximum Daily Amount (lbs)<br>_____ 4,850 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report              | Container Type | Pressure | Temperature | Storage Location | Tank Inside Building         | Ambient Pressure | Ambient temperature | <input type="checkbox"/> CHEMICAL 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   |                |          |             |                  |                              |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
| Tank Inside Building  | Ambient Pressure  | Ambient temperature  | <input type="checkbox"/> CHEMICAL 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"/>   |                |          |             |                  |                              |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |

## 8. Chemical Information

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| Chemical Description   | Physical Hazards  | Health Hazards  | Storage Types & Locations<br><input type="checkbox"/> if Confidential   |                |          |             |                  |                      |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|--|---|---|---|----------------|----------|-------------|------------------|----------------------|------------------|---------------------|--|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|
| Chemical Name:<br>CORNERSTONE 5 PLUS<br><br>CAS #: 38641-94-0<br><br>EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>EHS Name (if applicable):<br><br>EHS CAS # (if applicable):<br><br><input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas<br><br><input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix<br><br><input type="checkbox"/> Trade Secret | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><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>Tank Inside Building</td> <td>Ambient Pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> CHEMICAL WAREHOUSE</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><br>_____ 54,175 _____ Maximum Daily Amount (lbs)<br>_____ 25,000 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report | Container Type | Pressure | Temperature | Storage Location | Tank Inside Building | Ambient Pressure | Ambient temperature | <input type="checkbox"/> CHEMICAL WAREHOUSE  |  |  |  | <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  |                |          |             |                  |                      |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
| Tank Inside Building   | Ambient Pressure  | Ambient temperature   | <input type="checkbox"/> CHEMICAL WAREHOUSE   |                |          |             |                  |                      |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|  |   |   | <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"/>  |                |          |             |                  |                      |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
| Chemical Name:<br>DEGREE XTRA<br><br>CAS #: 34256-82-1<br><br>EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>EHS Name (if applicable):<br><br>EHS CAS # (if applicable):<br><br><input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas<br><br><input type="checkbox"/> Pure <input type="checkbox"/> Mix<br><br><input type="checkbox"/> Trade Secret                   | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input checked="" type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input checked="" type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input checked="" type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><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"/> OUTSIDE CONTAINMENT</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><br>_____ 22,320 _____ Maximum Daily Amount (lbs)<br>_____ 1,037 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report    | Container Type | Pressure | Temperature | Storage Location | Above Ground Tank    | Ambient Pressure | Ambient temperature | <input type="checkbox"/> OUTSIDE CONTAINMENT |  |  |  | <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"/> OUTSIDE CONTAINMENT  |                |          |             |                  |                      |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|  |   |   | <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"/>  |                |          |             |                  |                      |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |

## 8. Chemical Information

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| Chemical Description   | Physical Hazards  | Health Hazards   | Storage Types & Locations<br><input type="checkbox"/> if Confidential   |                  |                     |  |
|--|---|--|---|------------------|---------------------|--|
| Chemical Name:<br>HELMQUAT   | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input checked="" type="checkbox"/> Acute toxicity (any route of exposure)<br><input checked="" type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input checked="" type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input checked="" type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified | Container Type  | Pressure         | Temperature         | Storage Location                             |
| CAS #:   |   |  | Plastic Bottles or Jugs   | Ambient Pressure | Ambient temperature | <input type="checkbox"/> CHEMICAL WAREHOUSE  |
| EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               |   |  | Plastic Drum or Non-Metallic  | Ambient Pressure | Ambient temperature | <input type="checkbox"/> CHEMICAL WAREHOUSE  |
| EHS Name (if applicable):  |   |  |   |                  |                     | <input type="checkbox"/>                     |
| EHS CAS # (if applicable):   |   |  |   |                  |                     | <input type="checkbox"/>                     |
| <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input 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"/>                     |
|  |   |  | _____ 14,370 _____ Maximum Daily Amount (lbs)<br>_____ 2,395 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report   |                  |                     |  |
| Chemical Name:<br>POTASH   | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input checked="" type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified                                  | Container Type  | Pressure         | Temperature         | Storage Location                             |
| CAS #:   |   |  | 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 checked="" type="checkbox"/> Mix                                  |   |  |   |                  |                     | <input type="checkbox"/>                     |
| <input type="checkbox"/> Trade Secret  |   |  |   |                  |                     | <input type="checkbox"/>                     |
|  |   |  |   |                  |                     | <input type="checkbox"/>                     |
|  |   |  |   |                  |                     | <input type="checkbox"/>                     |
|  |   |  | _____ 200,000 _____ Maximum Daily Amount (lbs)<br>_____ 80,000 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report |                  |                     |  |



## 8. Chemical Information

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| Chemical Description   | Physical Hazards  | Health Hazards  | Storage Types & Locations<br><input type="checkbox"/> if Confidential  |                  |                     |   |
|--|---|---|--|------------------|---------------------|---|
| Chemical Name:<br>ROUNDUP POWERMAX   | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified                                  | Container Type   | Pressure         | Temperature         | Storage Location                              |
| CAS #:   |   |   | Tank Inside Building   | Ambient Pressure | Ambient temperature | <input type="checkbox"/> CHEMICAL CONTAINMENT |
| 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 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"/>                      |
|  |   |   | _____ 51,075 _____ Maximum Daily Amount (lbs)<br>_____ 22,700 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report |                  |                     |   |
| Chemical Name:<br>STERLING BLUE  | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input checked="" type="checkbox"/> Acute toxicity (any route of exposure)<br><input checked="" type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input checked="" type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified | Container Type   | Pressure         | Temperature         | Storage Location                              |
| CAS #:   |   |   | Tank Inside Building   | Ambient Pressure | Ambient temperature | <input type="checkbox"/> CHEMICAL 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 type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input 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"/>                      |
|  |   |   | _____ 12,825 _____ Maximum Daily Amount (lbs)<br>_____ 2,052 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report  |                  |                     |   |

## 8. Chemical Information

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| Chemical Description   | Physical Hazards  | Health Hazards   | Storage Types & Locations<br><input type="checkbox"/> if Confidential  |                  |                     |  |
|--|---|--|--|------------------|---------------------|--|
| Chemical Name:<br>UREA   | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified   | Container Type   | Pressure         | Temperature         | Storage Location                             |
| CAS #: 57-13-6   |   |  | Other  | Ambient Pressure | Ambient temperature | <input type="checkbox"/> DRY FERTILIZER BLDG |
| 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 checked="" type="checkbox"/> Mix                                  |   |  |  |                  |                     | <input type="checkbox"/>                     |
| <input type="checkbox"/> Trade Secret  |   |  |  |                  |                     | <input type="checkbox"/>                     |
|  |   |  |  |                  |                     | <input type="checkbox"/>                     |
|  |   |  |  |                  |                     | <input type="checkbox"/>                     |
|  |   |  | _____ 1,440,000 _____ Maximum Daily Amount (lbs)<br>_____ 700,000 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report |                  |                     |  |
| Chemical Name:<br>WARRANT  | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input checked="" type="checkbox"/> Acute toxicity (any route of exposure)<br><input type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input checked="" type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input checked="" type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input checked="" type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified | Container Type   | Pressure         | Temperature         | Storage Location                             |
| CAS #:   |   |  | Plastic Drum or Non-Metallic   | Ambient Pressure | Ambient temperature | <input type="checkbox"/> CHEMICAL WAREHOUSE  |
| 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 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"/>                     |
|  |   |  | _____ 48,500 _____ Maximum Daily Amount (lbs)<br>_____ 9,700 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report      |                  |                     |  |

## MIXTURE COMPONENT INFORMATION FORM

Chemical Name: 10-34-0 FERTILIZER

CAS #: 68333-79-9

| Mixture Component Chemicals | %  | CAS #      | EHS                      |
|-----------------------------|----|------------|--------------------------|
| WATER                       | 44 | 7732-18-5  | <input type="checkbox"/> |
| AMMONIUM POLYPHOSPHATE      | 56 | 68333-79-9 | <input type="checkbox"/> |
|                             |    |            | <input type="checkbox"/> |
|                             |    |            | <input type="checkbox"/> |
|                             |    |            | <input type="checkbox"/> |
|                             |    |            | <input type="checkbox"/> |
|                             |    |            | <input type="checkbox"/> |
|                             |    |            | <input type="checkbox"/> |

Chemical Name: 11-52-0 MAP

CAS #: 7722-76-1

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

Chemical Name: 12-0-0-26 THIOSOLE

CAS #: 68333-18-8

| Mixture Component Chemicals | %   | CAS #     | EHS                      |
|-----------------------------|-----|-----------|--------------------------|
| AMMONIUM THIOSULFATE        | 100 | 7783-18-8 | <input type="checkbox"/> |
|                             |     |           | <input type="checkbox"/> |
|                             |     |           | <input type="checkbox"/> |
|                             |     |           | <input type="checkbox"/> |
|                             |     |           | <input type="checkbox"/> |
|                             |     |           | <input type="checkbox"/> |
|                             |     |           | <input type="checkbox"/> |
|                             |     |           | <input type="checkbox"/> |

Chemical Name: 12-40-0-10-1

CAS #: 7722-76-1

| Mixture Component Chemicals | %  | CAS #     | EHS                      |
|-----------------------------|----|-----------|--------------------------|
| AMMONIUM PHOSPHATE          | 40 | 7722-76-1 | <input type="checkbox"/> |
| AMMONIUM SULFATE            |    | 7783-20-2 | <input type="checkbox"/> |
| SULFUR                      |    | 7704-34-9 | <input type="checkbox"/> |
|                             |    |           | <input type="checkbox"/> |
|                             |    |           | <input type="checkbox"/> |
|                             |    |           | <input type="checkbox"/> |
|                             |    |           | <input type="checkbox"/> |
|                             |    |           | <input type="checkbox"/> |

## MIXTURE COMPONENT INFORMATION FORM

Chemical Name: 28-0-0

CAS #: 15978-77-5

| Mixture Component Chemicals | %     | CAS #     | EHS                      |
|-----------------------------|-------|-----------|--------------------------|
| WATER                       |       | 7732-18-5 | <input type="checkbox"/> |
| UREA                        | 20-40 | 57-13-6   | <input type="checkbox"/> |
| AMMONIUM NITRATE            | 35-55 | 6484-52-2 | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |

Chemical Name: AMS

CAS #: 7783-20-2

| Mixture Component Chemicals | % | CAS #     | EHS                      |
|-----------------------------|---|-----------|--------------------------|
| AMMONIUM SULFATE            |   | 7783-20-2 | <input type="checkbox"/> |
|                             |   |           | <input type="checkbox"/> |
|                             |   |           | <input type="checkbox"/> |
|                             |   |           | <input type="checkbox"/> |
|                             |   |           | <input type="checkbox"/> |
|                             |   |           | <input type="checkbox"/> |
|                             |   |           | <input type="checkbox"/> |
|                             |   |           | <input type="checkbox"/> |

Chemical Name: ANTIFREEZE

CAS #: 107-21-1

| Mixture Component Chemicals | %   | CAS #    | EHS                      |
|-----------------------------|-----|----------|--------------------------|
| ETHYLENE GLYCOL             | >90 | 107-21-1 | <input type="checkbox"/> |
|                             |     |          | <input type="checkbox"/> |
|                             |     |          | <input type="checkbox"/> |
|                             |     |          | <input type="checkbox"/> |
|                             |     |          | <input type="checkbox"/> |
|                             |     |          | <input type="checkbox"/> |
|                             |     |          | <input type="checkbox"/> |
|                             |     |          | <input type="checkbox"/> |

Chemical Name: ATRAZINE 4L

CAS #: 1912-24-9

| Mixture Component Chemicals | %     | CAS #     | EHS                      |
|-----------------------------|-------|-----------|--------------------------|
| ATRAZINE                    | 41-44 | 1912-24-9 | <input type="checkbox"/> |
| ETHYLENE GLYCOL             | 5     | 107-21-1  | <input type="checkbox"/> |
| ETHYLENE OXIDE              | 5     | 75-21-8   | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |

## MIXTURE COMPONENT INFORMATION FORM

Chemical Name: AUTHORITY SUPREME

CAS #: 57-55-6

| Mixture Component Chemicals | %     | CAS #       | EHS                      |
|-----------------------------|-------|-------------|--------------------------|
| PROPYLENE GLYCOL            | 5-10  | 57-55-6     | <input type="checkbox"/> |
| TOLUENE                     | 1-5   | 108-88-3    | <input type="checkbox"/> |
| SULFENTRAZONE               | 20.66 | 122836-35-5 | <input type="checkbox"/> |
| PYROXASULFONE               | 20.2  | 447399-55-5 | <input type="checkbox"/> |
|                             |       |             | <input type="checkbox"/> |
|                             |       |             | <input type="checkbox"/> |
|                             |       |             | <input type="checkbox"/> |
|                             |       |             | <input type="checkbox"/> |

Chemical Name: BUCCANEER 5 PLUS

CAS #: 38641-94-0

| Mixture Component Chemicals | %  | CAS #      | EHS                      |
|-----------------------------|----|------------|--------------------------|
| GLYPHOSATE SALT             | 41 | 38641-94-0 | <input type="checkbox"/> |
|                             |    |            | <input type="checkbox"/> |
|                             |    |            | <input type="checkbox"/> |
|                             |    |            | <input type="checkbox"/> |
|                             |    |            | <input type="checkbox"/> |
|                             |    |            | <input type="checkbox"/> |
|                             |    |            | <input type="checkbox"/> |
|                             |    |            | <input type="checkbox"/> |

Chemical Name: CORNERSTONE 5 PLUS

CAS #: 38641-94-0

| Mixture Component Chemicals       | %    | CAS #      | EHS                      |
|-----------------------------------|------|------------|--------------------------|
| ISOPROPYLAMINE SALT OF GLYPHOSATE | 53.8 | 38641-94-0 | <input type="checkbox"/> |
|                                   |      |            | <input type="checkbox"/> |
|                                   |      |            | <input type="checkbox"/> |
|                                   |      |            | <input type="checkbox"/> |
|                                   |      |            | <input type="checkbox"/> |
|                                   |      |            | <input type="checkbox"/> |
|                                   |      |            | <input type="checkbox"/> |
|                                   |      |            | <input type="checkbox"/> |

Chemical Name: DEGREE XTRA

CAS #: 34256-82-1

| Mixture Component Chemicals | %    | CAS #      | EHS                      |
|-----------------------------|------|------------|--------------------------|
| ACETOCHLOR                  | 29   | 34256-82-1 | <input type="checkbox"/> |
| ATRAZINE                    | 14.5 | 1912-24-9  | <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: HELMQUAT

CAS #:

| Mixture Component Chemicals | %    | CAS #     | EHS                                 |
|-----------------------------|------|-----------|-------------------------------------|
| PARAQUAT DICHLORIDE         | 43.8 | 1910-42-5 | <input checked="" type="checkbox"/> |
|                             |      |           | <input type="checkbox"/>            |
|                             |      |           | <input type="checkbox"/>            |
|                             |      |           | <input type="checkbox"/>            |
|                             |      |           | <input type="checkbox"/>            |
|                             |      |           | <input type="checkbox"/>            |
|                             |      |           | <input type="checkbox"/>            |

Chemical Name: POTASH

CAS #:

| Mixture Component Chemicals | %  | CAS #     | EHS                      |
|-----------------------------|----|-----------|--------------------------|
| POTASSIUM CHLORIDE          | 98 | 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: ROUNDUP POWERMAX

CAS #:

| Mixture Component Chemicals  | %  | CAS #      | EHS                      |
|------------------------------|----|------------|--------------------------|
| POTASSIUM SALT OF GLYPHOSATE | 49 | 70901-12-1 | <input type="checkbox"/> |
|                              |    |            | <input type="checkbox"/> |
|                              |    |            | <input type="checkbox"/> |
|                              |    |            | <input type="checkbox"/> |
|                              |    |            | <input type="checkbox"/> |
|                              |    |            | <input type="checkbox"/> |
|                              |    |            | <input type="checkbox"/> |

Chemical Name: STERLING BLUE

CAS #:

| Mixture Component Chemicals | %    | CAS #       | EHS                      |
|-----------------------------|------|-------------|--------------------------|
| DICAMBA SALT                | 56.8 | 104040-79-1 | <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: UREA

CAS #: 57-13-6

| Mixture Component Chemicals | %   | CAS #   | EHS                      |
|-----------------------------|-----|---------|--------------------------|
| UREA                        | 100 | 57-13-6 | <input type="checkbox"/> |
|                             |     |         | <input type="checkbox"/> |
|                             |     |         | <input type="checkbox"/> |
|                             |     |         | <input type="checkbox"/> |
|                             |     |         | <input type="checkbox"/> |
|                             |     |         | <input type="checkbox"/> |
|                             |     |         | <input type="checkbox"/> |
|                             |     |         | <input type="checkbox"/> |

Chemical Name: WARRANT

CAS #:

| Mixture Component Chemicals | %  | CAS #      | EHS                      |
|-----------------------------|----|------------|--------------------------|
| ACETOCHLOR                  | 33 | 34256-82-1 | <input type="checkbox"/> |
|                             |    |            | <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"/> |
|                             |   |       | <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"/> |
|                             |   |       | <input type="checkbox"/> |