



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

Page 1 of 3

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name AGRI TRAILS COOP - DILLON
Street Address 681 KEY RD
Latitude 38.6927940 Longitude -97.1493980
City DILLON County DICKINSON State KS Zip 67451
Phone 785-366-7228
NAICS 424510
RMP Fac ID ☒ N/A
TRI Fac ID ☒ N/A
Max # of occupants 2 ☒ 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 DENNIS FRIEDLI Title BRANCH MGR
Phone 785-366-7228 24-hour phone 785-258-0298
Email _____

4b. Emergency Contact

Name DENNIS FRIEDLI Title BRANCH MGR
Phone 785-366-7228 24-hour Phone 785-258-0298
Email _____

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

5. Section Reporting: Please check as appropriate

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

For Official Use Only

Facility ID #	Parent ID #	Entered by
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6. Optional Attachments

☐ Site Plan ☐ Description of Dikes
☐ Site Coordinate Abbreviations ☐ Other Safeguard Measures

7. Certification (Read and sign after completing all Sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages 1 through ____ and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Name and official title of owner/operator or authorized representative

Date

Signature

8. Chemical Information

Page 2 of 3

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: PHOSFUME CAS #: 20859-73-8 EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input checked="" type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input checked="" type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input checked="" type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Can</td> <td>Ambient Pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> STORAGE IN SHOP</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> _____ 211 _____ Maximum Daily Amount (lbs) _____ 74 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input checked="" type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Can	Ambient Pressure	Ambient temperature	<input type="checkbox"/> STORAGE IN SHOP				<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"/>
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MIXTURE COMPONENT INFORMATION FORM

Chemical Name: PHOSFUME

CAS #: 20859-73-8

Mixture Component Chemicals	%	CAS #	EHS
ALUMINUM PHOSPHIDE	<60	20859-73-8	<input checked="" type="checkbox"/>
AMMONIUM CARBAMATE	<20	506-87-6	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name:

CAS #:

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

CAS #:

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