



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 5

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name GREAT PLAINS MFG-ABILENE
Street Address 1100 NW 8TH ST
Latitude 38.9231110 Longitude -97.2303410
City ABILENE County DICKINSON State KS Zip 67410
Phone 785-263-2486
NAICS 333112
RMP Fac ID ☒ N/A
TRI Fac ID 67410GRTPL1100N ☐ N/A
Max # of occupants 135 ☒ Manned ☐ Unmanned

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?

☒ Yes ☐ No

Subject to Chemical Accident Prevention under Section 112r of CAA (40 CFR part 68)?

☐ Yes ☒ No

4a. Tier II Contact

Name John Clements Title PLANT MGR
Phone 785-200-3176 24-hour phone 785-819-2500
Email john.clements@greatplainsmfg.com

4b. Emergency Contact

Name KELLY GREENE Title ENV SPECIALIST
Phone 785-823-9556 24-hour Phone 785-565-8972
Email kelly.greene@greatplainsmfg.com

Name Melisa Carpenter Title EHS MGR
Phone 785-823-9556 24-hour Phone 316-776-9371
Email melisa.carpenter@greatplainsmfg.com

3a. Owner/Operator Identification

Business Name GREAT PLAINS MANUFACTURING INC
Address 1525 E NORTH ST
City SALINA State KS Zip 67401
Business Phone 785-823-9556 Country USA
Submitter CASEY MCCOY
Email casey.mccoy@greatplainsmfg.com
Dun & Bradstreet _____

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

Business Name GREAT PLAINS MANUFACTURING INC
Address 3861 S 9TH ST
City SALINA State KS Zip 67401
ATTN KELLY GREENE
Phone 785-823-9556

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 5

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: ARGON	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type	Pressure	Temperature	Storage Location
CAS #: 7440-37-1			Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> NEAR NW CORNER OF BLDG
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/> OUTSIDE FENCED
EHS Name (if applicable):						<input type="checkbox"/>
EHS CAS # (if applicable):						<input type="checkbox"/>
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas						<input type="checkbox"/>
<input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix						<input type="checkbox"/>
<input type="checkbox"/> Trade Secret						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
			_____ 33,146 _____ Maximum Daily Amount (lbs) _____ 26,168 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			
Chemical Name: GARDACID P4477	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input checked="" type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input checked="" type="checkbox"/> Respiratory or skin sensitization <input 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	Container Type	Pressure	Temperature	Storage Location
CAS #: 7664-93-9			Tote Bin	Ambient pressure	Ambient temperature	<input type="checkbox"/> NEAR WASH BOOTH/WATER
EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> TREATMENT
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"/>
			_____ 2,261 _____ Maximum Daily Amount (lbs) _____ 1,696 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			

8. Chemical Information

Page 4 of 5

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																																				
Chemical Name: SULFURIC ACID CAS #: 7664-93-9 EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input checked="" type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input checked="" type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input checked="" type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<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"/> INSIDE NEAR WATER TREATMENT</td> </tr> <tr> <td>Battery</td> <td>Ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> THRU OUT PLANT</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> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> _____ 3,900 _____ Maximum Daily Amount (lbs) _____ 2,652 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Plastic Drum or Non-Metallic	Ambient pressure	Ambient temperature	<input type="checkbox"/> INSIDE NEAR WATER TREATMENT	Battery	Ambient pressure	Ambient temperature	<input type="checkbox"/> THRU OUT PLANT				<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"/>				<input type="checkbox"/>
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Chemical Name: CAS #: EHS: <input type="checkbox"/> Yes <input type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <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> <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> _____ Maximum Daily Amount (lbs) _____ Average Daily Amount (lbs) _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location				<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"/>				<input type="checkbox"/>				<input type="checkbox"/>				
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MIXTURE COMPONENT INFORMATION FORM

Chemical Name: GARDACID P4477

CAS #: 7664-93-9

Mixture Component Chemicals	%	CAS #	EHS
SULFURIC ACID	10-20	7664-93-9	<input checked="" type="checkbox"/>
PHOSPHORIC ACID	10-20	7664-38-2	<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"/>

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"/>
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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

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Street Address 2150 NW 8TH ST
Latitude 39.9236170 Longitude -97.2491280
City ABILENE County DICKINSON State KS Zip 67410
Phone 785-263-2486
NAICS 333112
RMP Fac ID ☒ N/A
TRI Fac ID ☒ N/A
Max # of occupants 110 ☒ Manned ☐ Unmanned

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?

☐ Yes ☒ No

Subject to Chemical Accident Prevention under Section 112r of CAA (40 CFR part 68)?

☐ Yes ☒ No

4a. Tier II Contact

Name LEE MCMILLAN Title PLANT MGR
Phone 785-263-2486 24-hour phone 785-534-2677
Email lee.mcmillan@greatplainsmfg.com

4b. Emergency Contact

Name KELLY GREENE Title ENV SPECIALIST
Phone 785-823-9556 24-hour Phone 785-565-8972
Email kelly.greene@greatplainsmfg.com

Name Melisa Carpenter Title EHS MGR
Phone 785-823-9556 24-hour Phone 316-776-9371
Email melisa.carpenter@greatplainsmfg.com

3a. Owner/Operator Identification

Business Name GREAT PLAINS MANUFACTURING INC
Address 1525 E NORTH ST
City SALINA State KS Zip 67401
Business Phone 785-823-9556 Country USA
Submitter CASEY MCCOY
Email casey.mccoy@greatplainsmfg.com
Dun & Bradstreet _____

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

Business Name GREAT PLAINS MANUFACTURING INC
Address 3861 S 9TH ST
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ATTN KELLY GREENE
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5. Section Reporting: Please check as appropriate

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

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Facility ID #	Parent ID #	Entered by
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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			
			Container Type	Pressure	Temperature	Storage Location
Chemical Name: ARGON	<input type="checkbox"/> Explosive	<input type="checkbox"/> Acute toxicity (any route of exposure)	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> E OF BLDG
CAS #: 7440-37-1	<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 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"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	<input checked="" type="checkbox"/> Gas under pressure (compressed gas)	<input checked="" type="checkbox"/> Simple asphyxiant	<u>16,573</u> Maximum Daily Amount (lbs)			
<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix	<input type="checkbox"/> In contact with water emits flammable gas	<input type="checkbox"/> Hazard not otherwise classified	<u>13,084</u> Average Daily Amount (lbs)			
<input type="checkbox"/> Trade Secret	<input type="checkbox"/> Combustible Dust		<u>365</u> Number of Days on Site			
	<input type="checkbox"/> Hazard not otherwise classified		<input type="checkbox"/> Optional Report			
Chemical Name: NITROGEN	<input type="checkbox"/> Explosive	<input type="checkbox"/> Acute toxicity (any route of exposure)	Container Type	Pressure	Temperature	Storage Location
CAS #: 7727-37-9	<input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)	<input checked="" type="checkbox"/> Skin corrosion or irritation	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> E OF BLDG
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Oxidizer (gas, liquid, or solid)	<input 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"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	<input checked="" type="checkbox"/> Gas under pressure (compressed gas)	<input checked="" type="checkbox"/> Simple asphyxiant	<u>70,485</u> Maximum Daily Amount (lbs)			
<input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix	<input type="checkbox"/> In contact with water emits flammable gas	<input type="checkbox"/> Hazard not otherwise classified	<u>55,646</u> Average Daily Amount (lbs)			
<input type="checkbox"/> Trade Secret	<input type="checkbox"/> Combustible Dust		<u>365</u> Number of Days on Site			
	<input type="checkbox"/> Hazard not otherwise classified		<input type="checkbox"/> Optional Report			

8. Chemical Information

Page 3 of 3

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: OXYGEN CAS #: 7782-44-7 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input checked="" type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input 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>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> E OF BLDG</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> _____ 13,576 _____ Maximum Daily Amount (lbs) _____ 10,718 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> E OF BLDG				<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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Chemical Name: SULFURIC ACID FROM BATTERIES CAS #: 7664-93-9 EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input 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 checked="" type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Battery</td> <td>Ambient Pressure</td> <td>Greater than ambient temperature</td> <td><input type="checkbox"/> plant wide</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> _____ 1,170 _____ Maximum Daily Amount (lbs) _____ 585 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Battery	Ambient Pressure	Greater than ambient temperature	<input type="checkbox"/> plant wide				<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																																												
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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 GREAT PLAINS MFG-ELLSWORTH
Street Address 910 EAST 8TH ST
Latitude 38.7327810 Longitude -98.2170890
City ELLSWORTH County ELLSWORTH State KS Zip 67439
Phone 785-472-4777
NAICS 333112

RMP Fac ID ☒ N/A
TRI Fac ID 6743WGRTPL91E8T ☐ N/A
Max # of occupants 125 ☒ Manned ☐ Unmanned

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?

☐ Yes ☒ No

Subject to Chemical Accident Prevention under Section 112r of CAA (40 CFR part 68)?

☐ Yes ☒ No

4a. Tier II Contact

Name JEFF FORD Title PLANT MGR
Phone 785-472-4777 24-hour phone 620-504-2819
Email JEFF.FORD@LANDPRIDE.COM

4b. Emergency Contact

Name KELLY GREENE Title ENV SPECIALIST
Phone 785-823-9556 24-hour Phone 785-565-8972
Email kelly.greene@greatplainsmfg.com

Name Melisa Carpenter Title EHS MGR
Phone 785-823-9556 24-hour Phone 316-776-9371
Email melisa.carpenter@greatplainsmfg.com

3a. Owner/Operator Identification

Business Name GREAT PLAINS MANUFACTURING INC
Address 1525 E NORTH ST
City SALINA State KS Zip 67401
Business Phone 785-823-9556 Country USA
Submitter CASEY MCCOY
Email casey.mccoy@greatplainsmfg.com
Dun & Bradstreet _____

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

Business Name GREAT PLAINS MANUFACTURING INC
Address 3861 S 9TH ST
City SALINA State KS Zip 67401
ATTN KELLY GREENE
Phone 785-823-9556

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

Page 2 of 3

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: ARGON CAS #: 7440-37-1 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input 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>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> NW SIDE OF BLDG</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> _____ 33,146 _____ Maximum Daily Amount (lbs) _____ 26,168 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> NW SIDE OF BLDG				<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																																												
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			<input type="checkbox"/>																																												
Chemical Name: LEAD CAS #: 7439-92-1 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input checked="" type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input checked="" type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Battery</td> <td>Ambient Pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> THRU OUT PLANT</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> _____ 18,088 _____ Maximum Daily Amount (lbs) _____ 9,044 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Battery	Ambient Pressure	Ambient temperature	<input type="checkbox"/> THRU OUT PLANT				<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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Battery	Ambient Pressure	Ambient temperature	<input type="checkbox"/> THRU OUT PLANT																																												
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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 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name GREAT PLAINS MFG-TIPTON
Street Address 607 MAIN
Latitude 39.3412470 Longitude -98.4712550
City TIPTON County MITCHELL State KS Zip 67420
Phone 785-373-4145
NAICS 333112
RMP Fac ID ☒ N/A
TRI Fac ID 67485KNTMF607MA ☐ N/A
Max # of occupants 50 ☒ Manned ☐ Unmanned

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?

☒ Yes ☐ No

Subject to Chemical Accident Prevention under Section 112r of CAA (40 CFR part 68)?

☐ Yes ☒ No

4a. Tier II Contact

Name IAN FRASIER Title PLANT MGR
Phone 785-373-4145 24-hour phone 785-545-8460
Email ian.frasier@greatplainsmfg.com

4b. Emergency Contact

Name KELLY GREENE Title ENV SPECIALIST
Phone 785-823-9556 24-hour Phone 785-565-8972
Email kelly.greene@greatplainsmfg.com

Name Melisa Carpenter Title EHS MGR
Phone 785-823-9556 24-hour Phone 316-776-9371
Email melisa.carpenter@greatplainsmfg.com

3a. Owner/Operator Identification

Business Name GREAT PLAINS MANUFACTURING INC
Address 1525 E NORTH ST
City SALINA State KS Zip 67401
Business Phone 785-823-9556 Country USA
Submitter CASEY MCCOY
Email casey.mccoy@greatplainsmfg.com
Dun & Bradstreet _____

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

Business Name GREAT PLAINS MANUFACTURING INC
Address 3861 S 9TH ST
City SALINA State KS Zip 67401
ATTN KELLY GREENE
Phone 785-823-9556

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 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: PROPANE	<input checked="" type="checkbox"/> Explosive	<input type="checkbox"/> Acute toxicity (any route of exposure)	Container Type	Pressure	Temperature	Storage Location
CAS #: 74-98-6	<input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)	<input type="checkbox"/> Skin corrosion or irritation	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> 3 TANKS NW SIDE OF MAIN BLDG
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Oxidizer (gas, liquid, or solid)	<input type="checkbox"/> Serious eye damage or eye irritation	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> 3 TANKS SW OF MAIN BLDG
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"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Pyrophoric gas	<input type="checkbox"/> Carcinogenicity				<input type="checkbox"/>
<input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix	<input type="checkbox"/> Self-heating	<input type="checkbox"/> Reproductive toxicity				<input type="checkbox"/>
<input type="checkbox"/> Trade Secret	<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 checked="" type="checkbox"/> Gas under pressure (compressed gas)	<input checked="" type="checkbox"/> Simple asphyxiant				<input type="checkbox"/>
	<input type="checkbox"/> In contact with water emits flammable gas	<input type="checkbox"/> Hazard not otherwise classified				<input type="checkbox"/>
	<input type="checkbox"/> Combustible Dust					<input type="checkbox"/>
	<input type="checkbox"/> Hazard not otherwise classified					<input type="checkbox"/>
			_____ 24,111 _____ Maximum Daily Amount (lbs) _____ 19,035 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			
Chemical Name: SULFURIC ACID	<input type="checkbox"/> Explosive	<input checked="" type="checkbox"/> Acute toxicity (any route of exposure)	Container Type	Pressure	Temperature	Storage Location
CAS #: 7664-93-9	<input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)	<input checked="" type="checkbox"/> Skin corrosion or irritation	Battery	Ambient Pressure	Ambient temperature	<input type="checkbox"/> THRU OUT PLANT
EHS: <input checked="" type="checkbox"/> Yes <input 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"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Pyrophoric gas	<input type="checkbox"/> Carcinogenicity				<input type="checkbox"/>
<input type="checkbox"/> Pure <input type="checkbox"/> Mix	<input type="checkbox"/> Self-heating	<input type="checkbox"/> Reproductive toxicity				<input type="checkbox"/>
<input type="checkbox"/> Trade Secret	<input type="checkbox"/> Organic peroxide	<input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)				<input type="checkbox"/>
	<input checked="" 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 type="checkbox"/> In contact with water emits flammable gas	<input type="checkbox"/> Hazard not otherwise classified				<input type="checkbox"/>
	<input type="checkbox"/> Combustible Dust					<input type="checkbox"/>
	<input type="checkbox"/> Hazard not otherwise classified					<input type="checkbox"/>
			_____ 3,911 _____ Maximum Daily Amount (lbs) _____ 1,956 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			



Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

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Topeka KS 66612-1365
(785) 296-1688

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1. Reporting Period

From January 1 to December 31, 2023

Page 1 of 3

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name GREAT PLAINS MFG-LUCAS
Street Address 240 SOUTH GREELY
Latitude 39.0580760 Longitude -98.5339880
City LUCAS County RUSSELL State KS Zip 67648
Phone 785-525-6128
NAICS 333111
RMP Fac ID ☒ N/A
TRI Fac ID 67648GRTPL240SO ☐ N/A
Max # of occupants 135 ☒ Manned ☐ Unmanned

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?

☒ Yes ☐ No

Subject to Chemical Accident Prevention under Section 112r of CAA (40 CFR part 68)?

☐ Yes ☒ No

4a. Tier II Contact

Name CHRIS BURDA Title PLANT MGR
Phone 785-525-6128 24-hour phone 785-545-7218
Email chris.burda@landpride.com

4b. Emergency Contact

Name KELLY GREENE Title ENV SPECIALIST
Phone 785-823-9556 24-hour Phone 785-565-8972
Email kelly.greene@greatplainsmfg.com

Name Melisa Carpenter Title EHS MGR
Phone 785-823-9556 24-hour Phone 316-776-9371
Email melisa.carpenter@greatplainsmfg.com

3a. Owner/Operator Identification

Business Name GREAT PLAINS MANUFACTURING INC
Address 1525 E NORTH ST
City SALINA State KS Zip 67401
Business Phone 785-823-9556 Country USA
Submitter CASEY MCCOY
Email casey.mccoy@greatplainsmfg.com
Dun & Bradstreet _____

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

Business Name GREAT PLAINS MANUFACTURING INC
Address 3861 S 9TH ST
City SALINA State KS Zip 67401
ATTN KELLY GREENE
Phone 785-823-9556

5. Section Reporting: Please check as appropriate

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

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Facility ID #	Parent ID #	Entered by
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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			
			Container Type	Pressure	Temperature	Storage Location
Chemical Name: ARGON CAS #: 7440-37-1 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> N OF BLDG IN FENCE
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
			_____ 33,146 _____ Maximum Daily Amount (lbs) _____ 26,168 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			
Chemical Name: OXYGEN CAS #: 7782-44-7 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input checked="" type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> N OF MAIN BLDG IN FENCE
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			_____ 13,576 _____ Maximum Daily Amount (lbs) _____ 10,718 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			

8. Chemical Information

Page 3 of 3

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: SULFURIC ACID CAS #: 7664-93-9 EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input checked="" type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Battery</td> <td>Ambient Pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> THRU OUT PLANT</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> _____ 1,160 _____ Maximum Daily Amount (lbs) _____ 870 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Battery	Ambient Pressure	Ambient temperature	<input type="checkbox"/> THRU OUT PLANT				<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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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 5

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name GREAT PLAINS MFG-SALINA
Street Address 601 IDLEWILD ST
Latitude 38.8511290 Longitude -97.5868020
City SALINA County SALINE State KS Zip 67401
Phone 785-823-2262
NAICS 333111
RMP Fac ID ☒ N/A
TRI Fac ID 67401GRTPL601ID ☐ N/A
Max # of occupants 500 ☒ Manned ☐ Unmanned

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?

☒ Yes ☐ No

Subject to Chemical Accident Prevention under Section 112r of CAA (40 CFR part 68)?

☐ Yes ☒ No

4a. Tier II Contact

Name MIKE EBERWEIN Title PLANT MGR
Phone 785-823-2262 24-hour phone 785-823-3983
Email mike.eberwein@greatplainsmfg.com

4b. Emergency Contact

Name KELLY GREENE Title ENV SPECIALIST
Phone 785-823-9556 24-hour Phone 785-565-8972
Email kelly.greene@greatplainsmfg.com

Name Melisa Carpenter Title EHS MGR
Phone 785-823-9556 24-hour Phone 316-776-9371
Email melisa.carpenter@greatplainsmfg.com

3a. Owner/Operator Identification

Business Name GREAT PLAINS MANUFACTURING INC
Address 1525 E NORTH ST
City SALINA State KS Zip 67401
Business Phone 785-823-9556 Country USA
Submitter CASEY MCCOY
Email casey.mccoy@greatplainsmfg.com
Dun & Bradstreet _____

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

Business Name GREAT PLAINS MANUFACTURING INC
Address 3861 S 9TH ST
City SALINA State KS Zip 67401
ATTN KELLY GREENE
Phone 785-823-9556

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 5

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: ARGON CAS #: 7440-37-1 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input 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>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> W OF BLDG 7</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> _____ 33,146 _____ Maximum Daily Amount (lbs) _____ 26,168 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> W OF BLDG 7				<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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Chemical Name: GARDACID P4477 CAS #: 7664-93-9 EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input checked="" type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input checked="" type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input checked="" type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input checked="" type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<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"/> E SIDE OF WATER TREATMENT IN BLDG</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> _____ 611 _____ Maximum Daily Amount (lbs) _____ 565 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Plastic Drum or Non-Metallic	Ambient pressure	Ambient temperature	<input type="checkbox"/> E SIDE OF WATER TREATMENT IN BLDG				<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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8. Chemical Information

Page 3 of 5

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																															
Chemical Name: LEAD CAS #: 7439-92-1 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input checked="" type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Battery</td> <td>Ambient Pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> THRU OUT PLANT</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> _____ 24,100 _____ Maximum Daily Amount (lbs) _____ 18,075 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Battery	Ambient Pressure	Ambient temperature	<input type="checkbox"/> THRU OUT PLANT				<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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8. Chemical Information

Page 4 of 5

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
			Container Type	Pressure	Temperature	Storage Location
Chemical Name: OXYGEN CAS #: 7782-44-7 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input 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 checked="" type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> W OF BLDG 7
						<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"/>
			13,576 Maximum Daily Amount (lbs)			
			10,718 Average Daily Amount (lbs)			
			365 Number of Days on Site			
			<input type="checkbox"/> Optional Report			
Chemical Name: SULFURIC ACID CAS #: 7664-93-9 EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input checked="" type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input checked="" type="checkbox"/> Respiratory or skin sensitization <input 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 checked="" type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Above Ground Tank	Ambient pressure	Ambient temperature	<input type="checkbox"/> BLDG 1 N OF WASTE TREATMENT
			Battery	Ambient pressure	Ambient temperature	<input type="checkbox"/> THRU OUT PLANT
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
			13,998 Maximum Daily Amount (lbs)			
			10,888 Average Daily Amount (lbs)			
			365 Number of Days on Site			
			<input type="checkbox"/> Optional Report			

MIXTURE COMPONENT INFORMATION FORM

Chemical Name: GARDACID P4477

CAS #: 7664-93-9

Mixture Component Chemicals	%	CAS #	EHS
SULFURIC ACID	10-20	7664-93-9	<input checked="" type="checkbox"/>
PHOSPHORIC ACID	10-20	7664-38-2	<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"/>

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"/>



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 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name GREAT PLAINS MFG-KIPP
Street Address 244 N HUGH
Latitude 38.7856170 Longitude -97.4548470
City SALINA County SALINE State KS Zip 67401
Phone 785-536-326
NAICS 333112

RMP Fac ID ☒ N/A
TRI Fac ID 67401GRTPL244NO ☐ N/A
Max # of occupants 50 ☒ Manned ☐ Unmanned

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?

☐ Yes ☒ No

Subject to Chemical Accident Prevention under Section 112r of CAA (40 CFR part 68)?

☐ Yes ☒ No

4a. Tier II Contact

Name DARREN RADER Title PLANT MGR
Phone 785-536-4626 24-hour phone 785-479-6134
Email darren.rader@land.pride.com

4b. Emergency Contact

Name KELLY GREENE Title ENV SPECIALIST
Phone 785-823-9556 24-hour Phone 785-565-8972
Email kelly.greene@greatplainsmfg.com

Name Melisa Carpenter Title EHS MGR
Phone 785-823-9556 24-hour Phone 316-776-9371
Email melisa.carpenter@greatplainsmfg.com

3a. Owner/Operator Identification

Business Name GREAT PLAINS MANUFACTURING INC
Address 1525 E NORTH ST
City SALINA State KS Zip 67401
Business Phone 785-823-9556 Country USA
Submitter CASEY MCCOY
Email casey.mccoy@greatplainsmfg.com
Dun & Bradstreet _____

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

Business Name GREAT PLAINS MANUFACTURING INC
Address 3861 S 9TH ST
City SALINA State KS Zip 67401
ATTN KELLY GREENE
Phone 785-823-9556

5. Section Reporting: Please check as appropriate

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

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Facility ID #	Parent ID #	Entered by
---------------	-------------	------------

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 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: ARGON	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type	Pressure	Temperature	Storage Location
Above Ground Tank			Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> W SIDE OF BLDG	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
CAS #: 7440-37-1					16,573 Maximum Daily Amount (lbs)	
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					13,084 Average Daily Amount (lbs)	
EHS Name (if applicable):					365 Number of Days on Site	
EHS CAS # (if applicable):					<input type="checkbox"/> Optional Report	
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas						
<input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix						
<input type="checkbox"/> Trade Secret						
Chemical Name: PROPANE	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type	Pressure	Temperature	Storage Location
Above Ground Tank			Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> S OF BLDG NEAR ENTRANCE	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
CAS #: 74-98-6					72,333 Maximum Daily Amount (lbs)	
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					57,105 Average Daily Amount (lbs)	
EHS Name (if applicable):					365 Number of Days on Site	
EHS CAS # (if applicable):					<input type="checkbox"/> Optional Report	
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas						
<input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix						
<input type="checkbox"/> Trade Secret						



Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

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(785) 296-1688

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1. Reporting Period

From January 1 to December 31, 2023

Page 1 of 5

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name GREAT PLAINS MFG-CE
Street Address 3861 S 9TH ST
Latitude 38.7643143 Longitude -97.6100400
City SALINA County SALINE State KS Zip 67401
Phone 785-404-1496
NAICS 333111

RMP Fac ID ☒ N/A
TRI Fac ID ☐ N/A
Max # of occupants 300 ☒ Manned ☐ Unmanned

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?

☐ Yes ☒ No

Subject to Chemical Accident Prevention under Section 112r of CAA (40 CFR part 68)?

☐ Yes ☒ No

4a. Tier II Contact

Name Sam McCorkle Title PLANT MGR
Phone 785-404-1496 24-hour phone 316-253-2529
Email sam.mccorkle@landpride.com@greatplainsmfg.com

4b. Emergency Contact

Name KELLY GREENE Title ENV SPECIALIST
Phone 785-823-9556 24-hour Phone 785-565-8972
Email kelly.greene@greatplainsmfg.com

Name Melisa Carpenter Title EHS MGR
Phone 785-823-9556 24-hour Phone 316-776-9371
Email melisa.carpenter@greatplainsmfg.com

3a. Owner/Operator Identification

Business Name GREAT PLAINS MANUFACTURING INC
Address 1525 E NORTH ST
City SALINA State KS Zip 67401
Business Phone 785-823-9556 Country USA
Submitter CASEY MCCOY
Email casey.mccoy@greatplainsmfg.com
Dun & Bradstreet _____

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

Business Name GREAT PLAINS MANUFACTURING INC
Address 3861 S 9TH ST
City SALINA State KS Zip 67401
ATTN KELLY GREENE
Phone 785-823-9556

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

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☐ Site Coordinate Abbreviations ☐ Other Safeguard Measures

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

Name and official title of owner/operator or authorized representative

Date

Signature

8. Chemical Information

Page 3 of 5

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
			Container Type	Pressure	Temperature	Storage Location
Chemical Name: COOLANT CAS #: 107-21-1 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Pure <input 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 checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input 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 type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> NE SIDE OF BUILDING
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
			26,100 Maximum Daily Amount (lbs) 13,050 Average Daily Amount (lbs) 365 Number of Days on Site <input type="checkbox"/> Optional Report			
Chemical Name: DIESEL CAS #: 68476-34-6 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input 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 type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> NE SIDE OF BUILDING
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
			21,000 Maximum Daily Amount (lbs) 10,500 Average Daily Amount (lbs) 365 Number of Days on Site <input type="checkbox"/> Optional Report			

8. Chemical Information

Page 4 of 5

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
			Container Type	Pressure	Temperature	Storage Location
Chemical Name: ENGINE OIL CAS #: 64742-47-8 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input 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 type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> NE SIDE OF BUILDING
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
			66,510 Maximum Daily Amount (lbs) 33,255 Average Daily Amount (lbs) 365 Number of Days on Site <input type="checkbox"/> Optional Report			
Chemical Name: HYDRAULIC OIL CAS #: 64742-53-6 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input 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 type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> NE SIDE OF BUILDING
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
			22,500 Maximum Daily Amount (lbs) 11,250 Average Daily Amount (lbs) 365 Number of Days on Site <input type="checkbox"/> Optional Report			

8. Chemical Information

Page 5 of 5

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: NITROGEN	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type	Pressure	Temperature	Storage Location
Above Ground Tank			Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> NE SIDE OF BUILDING	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
CAS #: 7727-37-9						
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
EHS Name (if applicable):						
EHS CAS # (if applicable):						
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas						
<input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix						
<input type="checkbox"/> Trade Secret						
			_____ 74,195 _____ Maximum Daily Amount (lbs) _____ 37,098 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			
Chemical Name: OXYGEN	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type	Pressure	Temperature	Storage Location
Above Ground Tank			Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> NE SIDE OF BUILDING	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
CAS #: 107-21-1						
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
EHS Name (if applicable):						
EHS CAS # (if applicable):						
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas						
<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix						
<input type="checkbox"/> Trade Secret						
			_____ 14,291 _____ Maximum Daily Amount (lbs) _____ 7,145 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			