



## Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

Mail to: Right-to-Know Program  
1000 SW Jackson Suite 330  
Topeka KS 66612-1365  
(785) 296-1688

**Important: Read all instructions before completing form**

### 1. Reporting Period

From January 1 to December 31, 2023

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### 2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name AGRI TRAILS COOP - HERINGTON  
Street Address 500 N 7TH ST  
Latitude 38.6757340 Longitude -96.9503190  
City HERINGTON County DICKINSON State KS Zip 67449  
Phone 785-258-2286  
NAICS 424510  
RMP Fac ID ☒ N/A  
TRI Fac ID ☒ N/A  
Max # of occupants 7 ☒ Manned ☐ Unmanned

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

☐ Yes ☒ No

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

☐ Yes ☒ No

### 3a. Owner/Operator Identification

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

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

Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State KS Zip \_\_\_\_\_  
ATTN \_\_\_\_\_  
Phone \_\_\_\_\_

### 4a. Tier II Contact

Name TOM REMY Title BRANCH MGR  
Phone 785-258-2286 24-hour phone 785-258-4251  
Email \_\_\_\_\_

### 4b. Emergency Contact

Name TOM REMY Title BRANCH MGR  
Phone 785-258-2286 24-hour Phone 785-258-4251  
Email \_\_\_\_\_

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

### 5. Section Reporting: Please check as appropriate

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

### For Official Use Only

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

### 6. Optional Attachments

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

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

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

\_\_\_\_\_  
Name and official title of owner/operator or authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## 8. Chemical Information

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| Chemical Description  | Physical Hazards  | Health Hazards  | Storage Types & Locations<br><input type="checkbox"/> if Confidential   |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|---|---|---|---|----------------|----------|-------------|------------------|-------------------|------------------|---------------------|---|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|
| Chemical Name:<br>10-34-0 FERT<br><br>CAS #: 7783-20-2<br><br>EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>EHS Name (if applicable):<br><br>EHS CAS # (if applicable):<br><br><input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas<br><br><input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix<br><br><input type="checkbox"/> Trade Secret     | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input checked="" type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified | <table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Ambient Pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> CONTAINMENT</td> </tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> </tbody> </table><br>_____ 318,000 _____ Maximum Daily Amount (lbs)<br>_____ 159,000 _____ Average Daily Amount (lbs)<br>_____ 180 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report            | Container Type | Pressure | Temperature | Storage Location | Above Ground Tank | Ambient Pressure | Ambient temperature | <input type="checkbox"/> CONTAINMENT            |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |
| Container Type  | Pressure  | Temperature   | Storage Location  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
| Above Ground Tank   | Ambient Pressure  | Ambient temperature   | <input type="checkbox"/> CONTAINMENT  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |   | <input type="checkbox"/>  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |   | <input type="checkbox"/>  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |   | <input type="checkbox"/>  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |   | <input type="checkbox"/>  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |   | <input type="checkbox"/>  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |   | <input type="checkbox"/>  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |   | <input type="checkbox"/>  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |   | <input type="checkbox"/>  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |   | <input type="checkbox"/>  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
| Chemical Name:<br>28% LIQUID FERTILIZER<br><br>CAS #: NONE<br><br>EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>EHS Name (if applicable):<br><br>EHS CAS # (if applicable):<br><br><input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas<br><br><input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix<br><br><input type="checkbox"/> Trade Secret | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input checked="" type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified | <table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Ambient Pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> FERTILIZER CONTAINMENT</td> </tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> </tbody> </table><br>_____ 318,000 _____ Maximum Daily Amount (lbs)<br>_____ 159,000 _____ Average Daily Amount (lbs)<br>_____ 180 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report | Container Type | Pressure | Temperature | Storage Location | Above Ground Tank | Ambient Pressure | Ambient temperature | <input type="checkbox"/> FERTILIZER CONTAINMENT |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |
| Container Type  | Pressure  | Temperature   | Storage Location  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
| Above Ground Tank   | Ambient Pressure  | Ambient temperature   | <input type="checkbox"/> FERTILIZER CONTAINMENT   |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |   | <input type="checkbox"/>  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |   | <input type="checkbox"/>  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |   | <input type="checkbox"/>  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |   | <input type="checkbox"/>  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |   | <input type="checkbox"/>  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |   | <input type="checkbox"/>  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |   | <input type="checkbox"/>  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |   | <input type="checkbox"/>  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |   | <input type="checkbox"/>  |                |          |             |                  |                   |                  |                     |   |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |

## 8. Chemical Information

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| Chemical Description  | Physical Hazards  | Health Hazards  | Storage Types & Locations<br><input type="checkbox"/> if Confidential  |  |  |  |
|---|---|---|--|--|--|--|
| Chemical Name:<br>32% LIQUID FERTILIZER<br><br>CAS #: NONE<br><br>EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>EHS Name (if applicable):<br><br>EHS CAS # (if applicable):<br><br><input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas<br><br><input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix<br><br><input type="checkbox"/> Trade Secret | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input type="checkbox"/> Skin corrosion or irritation<br><input type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified                       | Container Type<br>Above Ground Tank<br><br>Pressure<br>Ambient Pressure<br><br>Temperature<br>Ambient temperature<br><br>Storage Location<br><input type="checkbox"/> DRY FERT BLDG SW OF SHOP<br><br>_____ 333,000 _____ Maximum Daily Amount (lbs)<br>_____ 166,500 _____ Average Daily Amount (lbs)<br>_____ 185 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report |  |  |  |
| Chemical Name:<br>40 ROCK<br><br>CAS #: 7722-76-1<br><br>EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>EHS Name (if applicable):<br><br>EHS CAS # (if applicable):<br><br><input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas<br><br><input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix<br><br><input type="checkbox"/> Trade Secret          | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input checked="" type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified | Container Type<br>Other<br><br>Pressure<br>Ambient Pressure<br><br>Temperature<br>Ambient temperature<br><br>Storage Location<br><input type="checkbox"/> DRY FERTILIZER SHED<br><br>_____ 300,000 _____ Maximum Daily Amount (lbs)<br>_____ 75,000 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report                   |  |  |  |

## 8. Chemical Information

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| Chemical Description   | Physical Hazards  | Health Hazards  | Storage Types & Locations<br><input type="checkbox"/> if Confidential   |                  |                     |   |
|--|---|---|---|------------------|---------------------|---|
| Chemical Name:<br>ACURON   | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input checked="" type="checkbox"/> Skin corrosion or irritation<br><input type="checkbox"/> Serious eye damage or eye irritation<br><input checked="" type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input checked="" type="checkbox"/> Reproductive toxicity<br><input checked="" type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified | Container Type  | Pressure         | Temperature         | Storage Location                            |
| CAS #: 57-55-6   |   |   | Tank Inside Building  | Ambient Pressure | Ambient temperature | <input type="checkbox"/> CHEMICAL WAREHOUSE |
| EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |   |   |   |                  |                     | <input type="checkbox"/>                    |
| EHS Name (if applicable):  |   |   |   |                  |                     | <input type="checkbox"/>                    |
| EHS CAS # (if applicable):   |   |   |   |                  |                     | <input type="checkbox"/>                    |
| <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas |   |   |   |                  |                     | <input type="checkbox"/>                    |
| <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix                                  |   |   |   |                  |                     | <input type="checkbox"/>                    |
| <input checked="" type="checkbox"/> Trade Secret   |   |   |   |                  |                     | <input type="checkbox"/>                    |
|  |   |   |   |                  |                     | <input type="checkbox"/>                    |
|  |   |   |   |                  |                     | <input type="checkbox"/>                    |
|  |   |   | _____ 90,000 _____ Maximum Daily Amount (lbs)<br>_____ 3,000 _____ Average Daily Amount (lbs)<br>_____ 60 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report  |                  |                     |   |
| Chemical Name:<br>AMMONIUM SULFATE<br>AMS  | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input checked="" type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified                       | Container Type  | Pressure         | Temperature         | Storage Location                            |
| CAS #: 7783-20-2   |   |   | Other   | Ambient Pressure | Ambient temperature | <input type="checkbox"/> DRY SHED           |
| EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |   |   |   |                  |                     | <input type="checkbox"/>                    |
| EHS Name (if applicable):  |   |   |   |                  |                     | <input type="checkbox"/>                    |
| EHS CAS # (if applicable):   |   |   |   |                  |                     | <input type="checkbox"/>                    |
| <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas |   |   |   |                  |                     | <input type="checkbox"/>                    |
| <input type="checkbox"/> Pure <input type="checkbox"/> Mix   |   |   |   |                  |                     | <input type="checkbox"/>                    |
| <input type="checkbox"/> Trade Secret  |   |   |   |                  |                     | <input type="checkbox"/>                    |
|  |   |   |   |                  |                     | <input type="checkbox"/>                    |
|  |   |   |   |                  |                     | <input type="checkbox"/>                    |
|  |   |   | _____ 50,000 _____ Maximum Daily Amount (lbs)<br>_____ 8,000 _____ Average Daily Amount (lbs)<br>_____ 200 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report |                  |                     |   |

## 8. Chemical Information

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| Chemical Description  | Physical Hazards  | Health Hazards   | Storage Types & Locations<br><input type="checkbox"/> if Confidential  |                              |                                    |  |
|---|---|--|--|------------------------------|------------------------------------|--|
| Chemical Name:<br>DEGREE XTRA<br><br>CAS #: 34256-82-1<br><br>EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>EHS Name (if applicable):<br><br>EHS CAS # (if applicable):<br><br><input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas<br><br><input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix<br><br><input type="checkbox"/> Trade Secret | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input type="checkbox"/> Skin corrosion or irritation<br><input type="checkbox"/> Serious eye damage or eye irritation<br><input checked="" type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input checked="" type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input checked="" type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified | Container Type<br>Tank Inside Building   | Pressure<br>Ambient Pressure | Temperature<br>Ambient temperature | Storage Location<br><input type="checkbox"/> CHEMICAL BUILDING   |
|   |   |  | _____ 139,500 _____ Maximum Daily Amount (lbs)<br>_____ 4,650 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report |                              |                                    |  |
| Chemical Name:<br>DIESEL FUEL<br><br>CAS #: 68476-34-6<br><br>EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>EHS Name (if applicable):<br><br>EHS CAS # (if applicable):<br><br><input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas<br><br><input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix<br><br><input type="checkbox"/> Trade Secret | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input checked="" type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input checked="" type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified | Container Type<br>Above Ground Tank  | Pressure<br>Ambient pressure | Temperature<br>Ambient temperature | Storage Location<br><input type="checkbox"/> SOUTH SIDE PROPERTY |
|   |   |  | _____ 12,000 _____ Maximum Daily Amount (lbs)<br>_____ 6,000 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report  |                              |                                    |  |

## 8. Chemical Information

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| Chemical Description  | Physical Hazards  | Health Hazards   | Storage Types & Locations<br><input type="checkbox"/> if Confidential  |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|---|---|--|--|----------------|----------|-------------|------------------|-------------------|------------------|---------------------|--|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|--|--|--|--------------------------|
| Chemical Name:<br>MAP 11-52-0 FERTILIZER<br><br>CAS #: 7722-76-1<br><br>EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>EHS Name (if applicable):<br><br>EHS CAS # (if applicable):<br><br><input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas<br><br><input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix<br><br><input type="checkbox"/> Trade Secret         | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input checked="" type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified            | <table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Ambient Pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> CONTAINMENT</td> </tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table><br>_____ 165,000 _____ Maximum Daily Amount (lbs)<br>_____ 50,000 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report | Container Type | Pressure | Temperature | Storage Location | Above Ground Tank | Ambient Pressure | Ambient temperature | <input type="checkbox"/> CONTAINMENT         |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |
| Container Type  | Pressure  | Temperature  | Storage Location   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
| Above Ground Tank   | Ambient Pressure  | Ambient temperature  | <input type="checkbox"/> CONTAINMENT   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |  | <input type="checkbox"/>   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |  | <input type="checkbox"/>   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |  | <input type="checkbox"/>   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |  | <input type="checkbox"/>   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |  | <input type="checkbox"/>   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |  | <input type="checkbox"/>   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |  | <input type="checkbox"/>   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |  | <input type="checkbox"/>   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |  | <input type="checkbox"/>   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
| Chemical Name:<br>MONOAMMONIUM PHOSPHATE 11-52-0<br><br>CAS #: 7722-76-1<br><br>EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>EHS Name (if applicable):<br><br>EHS CAS # (if applicable):<br><br><input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas<br><br><input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix<br><br><input type="checkbox"/> Trade Secret | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input checked="" type="checkbox"/> Acute toxicity (any route of exposure)<br><input checked="" type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified | <table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Other</td> <td>Ambient Pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> DRY FERTILIZER SHED</td> </tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table><br>_____ 100,000 _____ Maximum Daily Amount (lbs)<br>_____ 50,000 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report     | Container Type | Pressure | Temperature | Storage Location | Other             | Ambient Pressure | Ambient temperature | <input type="checkbox"/> DRY FERTILIZER SHED |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |
| Container Type  | Pressure  | Temperature  | Storage Location   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
| Other   | Ambient Pressure  | Ambient temperature  | <input type="checkbox"/> DRY FERTILIZER SHED   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |  | <input type="checkbox"/>   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |  | <input type="checkbox"/>   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |  | <input type="checkbox"/>   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |  | <input type="checkbox"/>   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |  | <input type="checkbox"/>   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |  | <input type="checkbox"/>   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |  | <input type="checkbox"/>   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |  | <input type="checkbox"/>   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |
|   |   |  | <input type="checkbox"/>   |                |          |             |                  |                   |                  |                     |  |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |  |  |  |                          |

## 8. Chemical Information

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| Chemical Description   | Physical Hazards  | Health Hazards   | Storage Types & Locations<br><input type="checkbox"/> if Confidential  |                  |                     |  |
|--|---|--|--|------------------|---------------------|--|
| Chemical Name:<br>POTASH   | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input checked="" type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input checked="" type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified | Container Type   | Pressure         | Temperature         | Storage Location                             |
| CAS #: 7447-40-7   |   |  | Other  | Ambient Pressure | Ambient temperature | <input type="checkbox"/> DRY FERTILIZER SHED |
| EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |   |  |  |                  |                     | <input type="checkbox"/>                     |
| EHS Name (if applicable):  |   |  |  |                  |                     | <input type="checkbox"/>                     |
| EHS CAS # (if applicable):   |   |  |  |                  |                     | <input type="checkbox"/>                     |
| <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas |   |  |  |                  |                     | <input type="checkbox"/>                     |
| <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix                                  |   |  |  |                  |                     | <input type="checkbox"/>                     |
| <input type="checkbox"/> Trade Secret  |   |  |  |                  |                     | <input type="checkbox"/>                     |
|  |   |  |  |                  |                     | <input type="checkbox"/>                     |
|  |   |  |  |                  |                     | <input type="checkbox"/>                     |
|  |   |  | _____ 50,000 _____ Maximum Daily Amount (lbs)<br>_____ 20,000 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report |                  |                     |  |
| Chemical Name:<br>ROUNDUP POWER MAX  | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input checked="" type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified            | Container Type   | Pressure         | Temperature         | Storage Location                             |
| CAS #: 70901-12-1  |   |  | Tank Inside Building   | Ambient Pressure | Ambient temperature | <input type="checkbox"/> CHEMICAL BUILDING   |
| EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |   |  |  |                  |                     | <input type="checkbox"/>                     |
| EHS Name (if applicable):  |   |  |  |                  |                     | <input type="checkbox"/>                     |
| EHS CAS # (if applicable):   |   |  |  |                  |                     | <input type="checkbox"/>                     |
| <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas |   |  |  |                  |                     | <input type="checkbox"/>                     |
| <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix                                  |   |  |  |                  |                     | <input type="checkbox"/>                     |
| <input type="checkbox"/> Trade Secret  |   |  |  |                  |                     | <input type="checkbox"/>                     |
|  |   |  |  |                  |                     | <input type="checkbox"/>                     |
|  |   |  |  |                  |                     | <input type="checkbox"/>                     |
|  |   |  | _____ 22,700 _____ Maximum Daily Amount (lbs)<br>_____ 11,350 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report |                  |                     |  |

## 8. Chemical Information

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| Chemical Description   | Physical Hazards  | Health Hazards  | Storage Types & Locations<br><input type="checkbox"/> if Confidential  |                  |                     |  |
|--|---|---|--|------------------|---------------------|--|
| Chemical Name:<br>UREA   | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input checked="" type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified | Container Type   | Pressure         | Temperature         | Storage Location                             |
| CAS #: 57-13-6   |   |   | Other  | Ambient Pressure | Ambient temperature | <input type="checkbox"/> DRY FERTILIZER SHED |
| EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |   |   |  |                  |                     | <input type="checkbox"/>                     |
| EHS Name (if applicable):  |   |   |  |                  |                     | <input type="checkbox"/>                     |
| EHS CAS # (if applicable):   |   |   |  |                  |                     | <input type="checkbox"/>                     |
| <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas |   |   |  |                  |                     | <input type="checkbox"/>                     |
| <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix                                  |   |   |  |                  |                     | <input type="checkbox"/>                     |
| <input type="checkbox"/> Trade Secret  |   |   |  |                  |                     | <input type="checkbox"/>                     |
|  |   |   |  |                  |                     | <input type="checkbox"/>                     |
|  |   |   |  |                  |                     | <input type="checkbox"/>                     |
|  |   |   | _____ 350,000 _____ Maximum Daily Amount (lbs)<br>_____ 200,000 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report |                  |                     |  |
| Chemical Name:<br>XTENDIMAX  | <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (gas, liquid, or solid)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric gas<br><input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input type="checkbox"/> Corrosive to metal<br><input type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust<br><input type="checkbox"/> Hazard not otherwise classified | <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input type="checkbox"/> Skin corrosion or irritation<br><input checked="" type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple asphyxiant<br><input type="checkbox"/> Hazard not otherwise classified            | Container Type   | Pressure         | Temperature         | Storage Location                             |
| CAS #: 104040-79-1   |   |   | Tank Inside Building   | Ambient Pressure | Ambient temperature | <input type="checkbox"/> CHEMICAL WAREHOUSE  |
| EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |   |   |  |                  |                     | <input type="checkbox"/>                     |
| EHS Name (if applicable):  |   |   |  |                  |                     | <input type="checkbox"/>                     |
| EHS CAS # (if applicable):   |   |   |  |                  |                     | <input type="checkbox"/>                     |
| <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas |   |   |  |                  |                     | <input type="checkbox"/>                     |
| <input type="checkbox"/> Pure <input type="checkbox"/> Mix   |   |   |  |                  |                     | <input type="checkbox"/>                     |
| <input type="checkbox"/> Trade Secret  |   |   |  |                  |                     | <input type="checkbox"/>                     |
|  |   |   |  |                  |                     | <input type="checkbox"/>                     |
|  |   |   |  |                  |                     | <input type="checkbox"/>                     |
|  |   |   | _____ 10,010 _____ Maximum Daily Amount (lbs)<br>_____ 5,005 _____ Average Daily Amount (lbs)<br>_____ 365 _____ Number of Days on Site<br><input type="checkbox"/> Optional Report    |                  |                     |  |



## MIXTURE COMPONENT INFORMATION FORM

Chemical Name: MAP 11-52-0 FERTILIZER

CAS #: 7783-20-2

| Mixture Component Chemicals | %     | CAS #     | EHS                      |
|-----------------------------|-------|-----------|--------------------------|
| AMMONIUM PHOSPHATE          | 70-90 | 7722-76-1 | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |

Chemical Name: 28% LIQUID FERTILIZER

CAS #: NONE

| Mixture Component Chemicals | %     | CAS #     | EHS                      |
|-----------------------------|-------|-----------|--------------------------|
| AMMONIUM NITRATE            | 35-55 | 6484-52-2 | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |

Chemical Name: 32% LIQUID FERTILIZER

CAS #: NONE

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

Chemical Name: 40 ROCK

CAS #: 7722-76-1

| Mixture Component Chemicals | % | CAS #     | EHS                      |
|-----------------------------|---|-----------|--------------------------|
| ZINC SULFATE                |   | 7733-02-0 | <input type="checkbox"/> |
| SULFUR                      |   | 7704-34-9 | <input type="checkbox"/> |
| MONOAMMONIUM PHOSPHATE      |   | 7722-76-1 | <input type="checkbox"/> |
|                             |   |           | <input type="checkbox"/> |
|                             |   |           | <input type="checkbox"/> |
|                             |   |           | <input type="checkbox"/> |
|                             |   |           | <input type="checkbox"/> |

## MIXTURE COMPONENT INFORMATION FORM

Chemical Name: ACURON

CAS #: 57-55-6

| Mixture Component Chemicals | %     | CAS #      | EHS                      |
|-----------------------------|-------|------------|--------------------------|
| PROPYLENE GLYCOL            | <10   | 57-55-6    | <input type="checkbox"/> |
| BENOXACOR                   | <5    | 98730-04-2 | <input type="checkbox"/> |
| OTEHR                       | 47.42 |            | <input type="checkbox"/> |
| ATRAZINE                    | 10.93 | 1912-24-9  | <input type="checkbox"/> |
| S-METOLACHLOR               | 23.4  | 87392-12-9 | <input type="checkbox"/> |
|                             |       |            | <input type="checkbox"/> |
|                             |       |            | <input type="checkbox"/> |
|                             |       |            | <input type="checkbox"/> |

Chemical Name: AMMONIUM SULFATE AMS

CAS #: 7783-20-2

| Mixture Component Chemicals | %   | CAS #     | EHS                      |
|-----------------------------|-----|-----------|--------------------------|
| AMMONIUM SULFATE            | >99 | 7783-20-2 | <input type="checkbox"/> |
|                             |     |           | <input type="checkbox"/> |
|                             |     |           | <input type="checkbox"/> |
|                             |     |           | <input type="checkbox"/> |
|                             |     |           | <input type="checkbox"/> |
|                             |     |           | <input type="checkbox"/> |
|                             |     |           | <input type="checkbox"/> |
|                             |     |           | <input type="checkbox"/> |

Chemical Name: DEGREE XTRA

CAS #: 34256-82-1

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

Chemical Name: DIESEL FUEL

CAS #: 68476-34-6

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

## MIXTURE COMPONENT INFORMATION FORM

Chemical Name: MONOAMMONIUM PHOSPHATE 11-52-0

CAS #: 7722-76-1

| Mixture Component Chemicals | %     | CAS #     | EHS                      |
|-----------------------------|-------|-----------|--------------------------|
| MONOAMMONIUM PHOSPHATE      | 70-90 | 7722-76-1 | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |
|                             |       |           | <input type="checkbox"/> |

Chemical Name: POTASH

CAS #: 7447-40-7

| Mixture Component Chemicals | %   | CAS #    | EHS                      |
|-----------------------------|-----|----------|--------------------------|
| POTASSIUM CHLORIDE          | >95 | 7447-4-7 | <input type="checkbox"/> |
|                             |     |          | <input type="checkbox"/> |
|                             |     |          | <input type="checkbox"/> |
|                             |     |          | <input type="checkbox"/> |
|                             |     |          | <input type="checkbox"/> |
|                             |     |          | <input type="checkbox"/> |
|                             |     |          | <input type="checkbox"/> |

Chemical Name: ROUNDUP POWER MAX

CAS #: 70901-12-1

| Mixture Component Chemicals | %    | CAS #      | EHS                      |
|-----------------------------|------|------------|--------------------------|
| GLYPHOSPHATE                | 51.2 | 70901-12-1 | <input type="checkbox"/> |
|                             |      |            | <input type="checkbox"/> |
|                             |      |            | <input type="checkbox"/> |
|                             |      |            | <input type="checkbox"/> |
|                             |      |            | <input type="checkbox"/> |
|                             |      |            | <input type="checkbox"/> |
|                             |      |            | <input type="checkbox"/> |

Chemical Name: UREA

CAS #: 57-13-6

| Mixture Component Chemicals | %     | CAS #   | EHS                      |
|-----------------------------|-------|---------|--------------------------|
| UREA                        | 95-99 | 57-13-6 | <input type="checkbox"/> |
|                             |       |         | <input type="checkbox"/> |
|                             |       |         | <input type="checkbox"/> |
|                             |       |         | <input type="checkbox"/> |
|                             |       |         | <input type="checkbox"/> |
|                             |       |         | <input type="checkbox"/> |
|                             |       |         | <input type="checkbox"/> |

## MIXTURE COMPONENT INFORMATION FORM

Chemical Name: XTENDIMAX

CAS #: 104040-79-1

| Mixture Component Chemicals | %    | CAS #       | EHS                      |
|-----------------------------|------|-------------|--------------------------|
| SALT OF DICAMBA             | 42.8 | 104040-79-1 | <input type="checkbox"/> |
|                             |      |             | <input type="checkbox"/> |
|                             |      |             | <input type="checkbox"/> |
|                             |      |             | <input type="checkbox"/> |
|                             |      |             | <input type="checkbox"/> |
|                             |      |             | <input type="checkbox"/> |
|                             |      |             | <input type="checkbox"/> |

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"/> |

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"/> |

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"/> |