



## 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 MKC - Talmage  
Street Address 2967 MAIN ST  
Latitude 39.0258750 Longitude -97.2605230  
City TALMAGE County DICKINSON State KS Zip 67482  
Phone 785-388-2714  
NAICS 424910  
RMP Fac ID 1000 0022 1663 ☐ N/A  
TRI Fac ID ☒ N/A  
Max # of occupants 8 ☒ Manned ☐ Unmanned

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

☒ Yes ☐ No

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

☒ Yes ☐ No

### 4a. Tier II Contact

Name Scott Biel Title Director of Safety  
Phone 620-345-6328 24-hour phone 620-615-3534  
Email sbiel@mkcoop.com

### 4b. Emergency Contact

Name Scott Biel Title Director of Safety  
Phone 620-345-6328 24-hour Phone 620-615-3534  
Email sbiel@mkcoop.com

Name Larry Brake Title FACILITY MGR  
Phone 785-263-1660 24-hour Phone 620-755-5891  
Email \_\_\_\_\_

### 3a. Owner/Operator Identification

Business Name MID-KANSAS COOP ASSN  
Address 307 W COLE PO BOX D  
City MOUNDRIDGE State KS Zip 67107  
Business Phone 620-345-6328 Country USA  
Submitter Scott Biel  
Email sbiel@mkcoop.com  
Dun & Bradstreet 007135395

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

Business Name MID-KANSAS COOP ASSN  
Address MID-KANSAS COOP ASSN 307 W COLE  
City MOUNDRIDGE State KS Zip 67107  
ATTN Scott Biel  
Phone 620-615-3534

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

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

### For Official Use Only

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

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## 8. Chemical Information

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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: 10-34-0 AMMONIUM POLYPHOSPHATE  CAS #: 68333-79-9  EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  EHS Name (if applicable):  EHS CAS # (if applicable):  <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas  <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix  <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type Above Ground Tank Pressure Ambient pressure Temperature Ambient temperature Storage Location <input type="checkbox"/> LIQUID CONTAINMENT AREA			
			105,300 Maximum Daily Amount (lbs) 46,800 Average Daily Amount (lbs) 365 Number of Days on Site <input type="checkbox"/> Optional Report			
Chemical Name: 12-40-0-07S-.5Zn DRY FERTILIZER  CAS #: none  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 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	Container Type Other Pressure Ambient pressure Temperature Ambient temperature Storage Location <input type="checkbox"/> DRY SHED W OF ELEV			
			150,000 Maximum Daily Amount (lbs) 50,000 Average Daily Amount (lbs) 365 Number of Days on Site <input type="checkbox"/> Optional Report			

## 8. Chemical Information

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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: 18-46-0 DIAMMONIUM PHOSPHATE (DAP)  CAS #: 7783-28-0  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	Container Type Other	Pressure Ambient pressure	Temperature Ambient temperature	Storage Location <input type="checkbox"/> DRY SHED W OF ELEV
			_____ 150,000 _____ Maximum Daily Amount (lbs) _____ 50,000 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			
Chemical Name: 21-0-0-24 AMMONIUM SULFATE  CAS #: 7783-20-2  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 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 type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type Other	Pressure Ambient pressure	Temperature Ambient temperature	Storage Location <input type="checkbox"/> DRY SHED W OF ELEV
			_____ 20,000 _____ Maximum Daily Amount (lbs) _____ 10,000 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			

## 8. Chemical Information

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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: 28-0-0 UREA AMMONIUM NITRATE SOLUTION  CAS #: 6484-52-2  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 type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type Above Ground Tank Pressure Ambient pressure Temperature Ambient temperature Storage Location <input type="checkbox"/> LIQUID CONTAINMENT AREA			
			_____ 586,000 _____ Maximum Daily Amount (lbs) _____ 95,940 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			
Chemical Name: 46-0-0 UREA DRY  CAS #: 57-13-6  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 type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type Other Pressure Ambient pressure Temperature Ambient temperature Storage Location <input type="checkbox"/> DRY SHED W OF ELEV			
			_____ 250,000 _____ Maximum Daily Amount (lbs) _____ 50,000 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			

## 8. Chemical Information

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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: ALUMINUM PHOSPHIDE WEEVILCIDE  CAS #: 20859-73-8  EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  EHS Name (if applicable):  EHS CAS # (if applicable):  <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas  <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix  <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input checked="" type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input checked="" type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input 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>Can</td> <td>Ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> STOREROOM W OF MAIN OFFICE</td> </tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> </tbody> </table> _____ 1,000 _____ Maximum Daily Amount (lbs) _____ 200 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Can	Ambient pressure	Ambient temperature	<input type="checkbox"/> STOREROOM W OF MAIN OFFICE				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
Container Type	Pressure	Temperature	Storage Location																																												
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Chemical Name: ANHYDROUS AMMONIA  CAS #: 7664-41-7  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 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 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 checked="" type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure <small>Greater than ambient pressure</small></th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td></td> <td>Ambient temperature</td> <td><input type="checkbox"/> N OF HWY 18 @ SEED 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> _____ 131,325 _____ Maximum Daily Amount (lbs) _____ 50,000 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure <small>Greater than ambient pressure</small>	Temperature	Storage Location	Above Ground Tank		Ambient temperature	<input type="checkbox"/> N OF HWY 18 @ SEED 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"/>
Container Type	Pressure <small>Greater than ambient pressure</small>	Temperature	Storage Location																																												
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## 8. Chemical Information

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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: LUMAX	<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 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	Container Type	Pressure	Temperature	Storage Location
CAS #: none			Tank Inside Building	Ambient pressure	Ambient temperature	<input type="checkbox"/> CHEMICAL SHED
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/>
EHS Name (if applicable):						<input type="checkbox"/>
EHS CAS # (if applicable):						<input type="checkbox"/>
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas						<input type="checkbox"/>
<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix						<input type="checkbox"/>
<input type="checkbox"/> Trade Secret						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
			_____ 24,000 _____ Maximum Daily Amount (lbs) _____ 430 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			
Chemical Name: ROUNDUP POWERMAX	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input 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	Container Type	Pressure	Temperature	Storage Location
CAS #: 70901-12-1			Above Ground Tank	Ambient pressure	Ambient temperature	<input type="checkbox"/> CHEMICAL CONTAINMENT
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/>
EHS Name (if applicable):						<input type="checkbox"/>
EHS CAS # (if applicable):						<input type="checkbox"/>
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas						<input type="checkbox"/>
<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix						<input type="checkbox"/>
<input type="checkbox"/> Trade Secret						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
			_____ 81,504 _____ Maximum Daily Amount (lbs) _____ 40,752 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			

## 8. Chemical Information

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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: VERDICT HERBICIDE  CAS #: none  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 type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input checked="" type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input checked="" type="checkbox"/> Carcinogenicity <input checked="" 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>Tank Inside Building</td> <td>Ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> CHEMICAL SHED</td> </tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> </tbody> </table> _____ 23,000 _____ Maximum Daily Amount (lbs) _____ 11,000 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Tank Inside Building	Ambient pressure	Ambient temperature	<input type="checkbox"/> CHEMICAL SHED				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
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## MIXTURE COMPONENT INFORMATION FORM

Chemical Name: 10-34-0 AMMONIUM POLYPHOSPHATE

CAS #: 68333-79-9

Mixture Component Chemicals	%	CAS #	EHS
Ammonium Phosphate	60	68333-79-9	<input type="checkbox"/>
Water	40	7732-18-5	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: 12-40-0-07S-.5Zn DRY FERTILIZER

CAS #: none

Mixture Component Chemicals	%	CAS #	EHS
Nitrogen	12		<input type="checkbox"/>
Phosphate	40		<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: 18-46-0 DIAMMONIUM PHOSPHATE (DAP)

CAS #: 7783-28-0

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

Chemical Name: 28-0-0 UREA AMMONIUM NITRATE SOLUTION

CAS #: 6484-52-2

Mixture Component Chemicals	%	CAS #	EHS
Ammonium nitrate	40.1	6484-52-2	<input type="checkbox"/>
Urea	30	57-13-6	<input type="checkbox"/>
Water	29.9	7732-18-5	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>



## MIXTURE COMPONENT INFORMATION FORM

Chemical Name: 46-0-0 UREA DRY

CAS #: 57-13-6

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

Chemical Name: ANHYDROUS AMMONIA

CAS #: 7664-41-7

Mixture Component Chemicals	%	CAS #	EHS
ANHYDROUS AMMONIA	99	7664-41-7	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: LUMAX

CAS #: none

Mixture Component Chemicals	%	CAS #	EHS
ATRAZINE	11	1912-24-9	<input type="checkbox"/>
MESOTRIONE	2.94	104206-82-8	<input type="checkbox"/>
S-METOLACHLOR	29.4	8792-12-9	<input type="checkbox"/>
ETHYLENE GLYCOL	<1	107-21-1	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: ROUNDUP POWERMAX

CAS #: 70901-12-1

Mixture Component Chemicals	%	CAS #	EHS
Other ingredients	51.3		<input type="checkbox"/>
Potassium salt of glyphosate	48.7	70901-12-1	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>