



## Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

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

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

### 1. Reporting Period

From January 1 to December 31, 2023

Page 1 of 10

### 2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name AGRI TRAILS COOP - NAVARRE  
Street Address 1552 MAIN  
Latitude 38.7972690 Longitude -97.1029250  
City NAVARRE County DICKINSON State KS Zip 67451  
Phone 785-479-2221  
NAICS 424510  
RMP Fac ID ☒ N/A  
TRI Fac ID ☒ N/A  
Max # of occupants 14 ☒ 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 GENE KICKHAEFER Title BRANCH MGR  
Phone 785-479-2221 24-hour phone 785-258-4003  
Email \_\_\_\_\_

### 4b. Emergency Contact

Name GENE KICKHAEFER Title BRANCH MGR  
Phone 785-479-2221 24-hour Phone 785-258-4003  
Email \_\_\_\_\_

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

### 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 \_\_\_\_\_

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

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

### For Official Use Only

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

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## 8. Chemical Information

Page 2 of 10

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: 10-34-0 FERTILIZER  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 checked="" 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	<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"/> 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> _____ 233,600 _____ Maximum Daily Amount (lbs) _____ 105,120 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Other	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"/>
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Other	Ambient Pressure	Ambient temperature	<input type="checkbox"/> CONTAINMENT																																												
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Chemical Name: 28% LIQUID FERTILIZER  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	<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> _____ 428,800 _____ Maximum Daily Amount (lbs) _____ 214,000 _____ Average Daily Amount (lbs) _____ 180 _____ Number of Days on Site <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"/>
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## 8. Chemical Information

Page 3 of 10

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: 32% LIQUID FERTILIZER	<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	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"/>	
CAS #: 6484-52-2	<u>442,800</u> Maximum Daily Amount (lbs) <u>200,000</u> Average Daily Amount (lbs) <u>180</u> Number of Days on Site <input type="checkbox"/> Optional Report					
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						
Chemical Name: 40 ROCK	<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	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"/>	
CAS #: 7722-76-1	<u>200,000</u> Maximum Daily Amount (lbs) <u>92,250</u> Average Daily Amount (lbs) <u>365</u> Number of Days on Site <input type="checkbox"/> Optional Report					
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						

## 8. Chemical Information

Page 4 of 10

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: ANTIFREEZE  CAS #: 107-21-1  EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  EHS Name (if applicable):  EHS CAS # (if applicable):  <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas  <input 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"/> SOUTH SIDE OFFICE  _____ 9,330 _____ Maximum Daily Amount (lbs) _____ 4,665 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input checked="" type="checkbox"/> Optional Report			
Chemical Name: DIESEL  CAS #: 68476-34-6  EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  EHS Name (if applicable):  EHS CAS # (if applicable):  <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas  <input 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 type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type Above Ground Tank  Pressure Ambient Pressure  Temperature Ambient temperature  Storage Location <input type="checkbox"/> YARD  _____ 147,000 _____ Maximum Daily Amount (lbs) _____ 88,200 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			

## 8. Chemical Information

Page 5 of 10

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: GASOLINE	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)	<input type="checkbox"/> Acute toxicity (any route of exposure)	Container Type	Pressure	Temperature	Storage Location
CAS #: 64-17-5	<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"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input checked="" type="checkbox"/> Germ cell mutagenicity <input checked="" type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input checked="" type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input checked="" type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Above Ground Tank	Ambient Pressure	Ambient temperature	<input type="checkbox"/> YARD
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"/>
			_____ 60,660 _____ Maximum Daily Amount (lbs) _____ 36,396 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			
Chemical Name: MAP 11-52-0 FERTILIZER	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)	<input type="checkbox"/> Acute toxicity (any route of exposure)	Container Type	Pressure	Temperature	Storage Location
CAS #: 7722-76-1	<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"/> 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	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"/>
			_____ 150,000 _____ Maximum Daily Amount (lbs) _____ 67,525 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			

## 8. Chemical Information

Page 6 of 10

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: PHOSFUME	<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 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 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 #: 20859-73-8			Can	Ambient Pressure	Ambient temperature	<input type="checkbox"/> ELEVATOR WORK FLOOR IN
EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> STORAGE CABINET
EHS Name (if applicable):						<input type="checkbox"/>
EHS CAS # (if applicable):						<input type="checkbox"/>
<input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" 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"/>
			_____ 23 _____ Maximum Daily Amount (lbs) _____ 12 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input checked="" type="checkbox"/> Optional Report			
Chemical Name: POTASH	<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	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"/>
			_____ 100,000 _____ Maximum Daily Amount (lbs) _____ 55,000 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			

## 8. Chemical Information

Page 7 of 10

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
			Container Type	Pressure	Temperature	Storage Location
Chemical Name: UREA  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 type="checkbox"/> Mix  <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input 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	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"/>
			_____ 200,000 _____ Maximum Daily Amount (lbs) _____ 90,250 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			
Chemical Name:  CAS #:  EHS: <input type="checkbox"/> Yes <input type="checkbox"/> No  EHS Name (if applicable):  EHS CAS # (if applicable):  <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas  <input type="checkbox"/> Pure <input type="checkbox"/> Mix  <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified				<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"/>
			_____ Maximum Daily Amount (lbs) _____ Average Daily Amount (lbs) _____ Number of Days on Site <input type="checkbox"/> Optional Report			

## MIXTURE COMPONENT INFORMATION FORM

Chemical Name: 10-34-0 FERTILIZER

CAS #: 68333-79-9

Mixture Component Chemicals	%	CAS #	EHS
AMMONIUM POLYPHOSPHATE	56	66353-79-9	<input type="checkbox"/>
WATER		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: 28% LIQUID FERTILIZER

CAS #: 6484-52-2

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

Chemical Name: 32% LIQUID FERTILIZER

CAS #: 6484-52-2

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

Chemical Name: 40 ROCK

CAS #: 7722-76-1

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



## MIXTURE COMPONENT INFORMATION FORM

Chemical Name: ANTIFREEZE

CAS #: 107-21-1

Mixture Component Chemicals	%	CAS #	EHS
ETHYLENE GLYCOL	94	107-21-1	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: DIESEL

CAS #: 68476-34-6

Mixture Component Chemicals	%	CAS #	EHS
DIESEL	60-99	67476-34-6	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: GASOLINE

CAS #: 64-17-5

Mixture Component Chemicals	%	CAS #	EHS
ETHYL GLYCOL	85-99	64-17-5	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: MAP 11-52-0 FERTILIZER

CAS #: 7722-76-1

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"/>

## MIXTURE COMPONENT INFORMATION FORM

Chemical Name: PHOSFUME

CAS #: 20859-73-8

Mixture Component Chemicals	%	CAS #	EHS
ALUMINUM PHOSPHIDE	<60	20859-73-8	<input checked="" type="checkbox"/>
AMMONIUM CARBONATE	<20	1111-78-0	<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	95-99	7447-40-7	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: UREA

CAS #: 57-13-6

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

Chemical Name:

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"/>