



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 - PEARL ELEVATOR

Street Address 1754 QUAIL ROAD

Latitude 38.8515170 Longitude -97.0435530

City CHAPMAN County DICKINSON State KS Zip 67431

Phone 785-479-5870

NAICS 424510

RMP Fac ID ☒ N/A

TRI Fac ID ☒ N/A

Max # of occupants 2 ☒ Manned ☐ Unmanned

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

☐ Yes ☒ No

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

☐ Yes ☒ No

3a. Owner/Operator Identification

Business Name AGRI TRAILS COOP

Address 508 MAIN ST

City HOPE State KS Zip 67451

Business Phone 785-366-7213 Country USA

Submitter DAREL ANDERSON

Email danderson@agritrills.com

Dun & Bradstreet 080168609

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

Business Name _____

Address _____

City _____ State KS Zip _____

ATTN _____

Phone _____

4a. Tier II Contact

Name DANIEL DURANT Title BRANCH MGR

Phone 785-479-5870 24-hour phone 785-280-3958

Email _____

4b. Emergency Contact

Name DANIEL DURANT Title BRANCH MGR

Phone 785-479-5870 24-hour Phone 785-280-3958

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 <input type="checkbox"/> if Confidential																																												
Chemical Name: 11-52-0 MAP CAS #: 7722-76-1 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input checked="" type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Other</td> <td>Ambient Pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> DRY FERTILIZER BLDG</td> </tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> </tbody> </table> _____ 200,000 _____ Maximum Daily Amount (lbs) _____ 100,000 _____ 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"/> DRY FERTILIZER BLDG				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
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8. Chemical Information

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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
			Container Type	Pressure	Temperature	Storage Location
Chemical Name: 46-0-0 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 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	Other	Ambient Pressure	Ambient temperature	<input type="checkbox"/> DRY FERTILIZER BLDG
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						<input type="checkbox"/>
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MIXTURE COMPONENT INFORMATION FORM

Chemical Name: 11-52-0 MAP

CAS #: 7722-76-1

Mixture Component Chemicals	%	CAS #	EHS
MONOAMMONIUM PHOSPHATE	100	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: 40 ROCK

CAS #: 7722-76-1

Mixture Component Chemicals	%	CAS #	EHS
MONOAMMONIUM PHOSPHATE	>50	7722-76-1	<input type="checkbox"/>
SULFUR	<35	7704-34-9	<input type="checkbox"/>
ZINC	<15	7733-2-0	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: 46-0-0 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"/>

Chemical Name:

CAS #:

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