



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, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LCC-ROSE HILL
Street Address 701 S INDUSTRIAL RD
Latitude 37.5496670 Longitude -97.1459820
City ROSE HILL County BUTLER State KS Zip 67133
Phone 316-744-6722
NAICS 457210

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

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Brandon Meyers Title DISTRICT MANAGER
Phone (316) 744-6722 24-hour Phone (316) 640-6131
Email brandon.meyers@propanecentral.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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.

Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date

Signature

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																																
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Street Address 4024 W CENTRAL
Latitude 37.8177160 Longitude -96.9175590
City EL DORADO County BUTLER State KS Zip 67042
Phone 217-395-2281
NAICS 457210

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

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

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2/27/2025

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2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-CONCORDIA
Street Address 1710 EAST 6TH ST
Latitude 39.5719410 Longitude -97.6368470
City CONCORDIA County CLOUD State KS Zip 66901
Phone (785)243-2800
NAICS 457210

RMP Fac ID ☒ N/A
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Max # of occupants 2 ☐ Manned ☒ Unmanned

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4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Chris Abell Title DISTRICT MANAGER
Phone (785) 823-2287 24-hour Phone (785) 452-3416
Email chris.abell@propanecentral.com

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Business Name DCC PROPANE LLC
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Name and official title of owner/operator or authorized representative

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

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

Important: Read all instructions before completing form

1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-WINFIELD
Street Address 2226 W 9TH AVE
Latitude 37.2399160 Longitude -97.0230720
City WINFIELD County COWLEY State KS Zip 67156
Phone 316-744-6722
NAICS 457210

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

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Brandon Meyers Title DISTRICT MANAGER
Phone (316) 744-6722 24-hour Phone (316) 640-6131
Email brandon.meyers@propanecentral.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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.

Barrett McCaffrey, Regional HSE Manager
Name and official title of owner/operator or authorized representative

2/27/2025
Date

[Signature]
Signature

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> UBIQUITOUS</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> _____ 142,464 _____ Maximum Daily Amount (lbs) _____ 71,232 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> UBIQUITOUS				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
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Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

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

Important: Read all instructions before completing form

1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-CEDAR VALE
Street Address 1540 MARSH RD
Latitude 37.1103180 Longitude -96.5067150
City CEDAR VALE County CHAUTAUQUA State KS Zip 67024
Phone 316-744-6722
NAICS 457210
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

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Brandon Meyers Title DISTRICT MANAGER
Phone (316) 744-6722 24-hour Phone (316) 640-6131
Email brandon.meyers@propanecentral.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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

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

Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date

[Signature]
Signature

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> UBIQUITOUS</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> _____ 81,408 _____ Maximum Daily Amount (lbs) _____ 40,704 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> UBIQUITOUS				<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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Topeka KS 66612-1365
(785) 296-1688

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1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-CLAY CENTER S
Street Address 411 S SIXTH ST
Latitude 39.3732750 Longitude -97.1246100
City CLAY CENTER County CLAY State KS Zip 67432
Phone (785)632-3644
NAICS 457210

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

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Chris Abell Title DISTRICT MANAGER
Phone (785) 823-2287 24-hour Phone (785) 452-3416
Email chris.abell@propanecentral.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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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☐ Site Coordinate Abbreviations ☐ Other Safeguard Measures

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

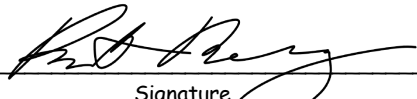
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages 1 through ____ and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date

Signature 

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> UBIQUITOUS</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> _____ 101,760 _____ Maximum Daily Amount (lbs) _____ 50,880 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> UBIQUITOUS				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
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Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

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

Important: Read all instructions before completing form

1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC - LECOMPTON
Street Address 1775 E 800 Rd
Latitude 38.9966371 Longitude -95.3549032
City LECOMPTON County DOUGLAS State KS Zip 66050
Phone (785) 862-2200
NAICS 457210

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Chad Graber Title DISTRICT MANAGER
Phone (785) 862-2200 24-hour Phone (785) 250-1942
Email chad.graber@dccpropane.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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.

Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date

Signature 

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type Above Ground Tank Pressure Greater than ambient pressure Temperature Ambient temperature Storage Location <input type="checkbox"/> UBIQUITOUS _____ 61,056 _____ Maximum Daily Amount (lbs) _____ 30,528 _____ 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	Container Type Pressure Temperature Storage Location _____ Maximum Daily Amount (lbs) _____ Average Daily Amount (lbs) _____ Number of Days on Site <input type="checkbox"/> Optional Report			



Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

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1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-ABILENE
Street Address 1150 S BUCKEYE
Latitude 38.9266850 Longitude -97.2139600
City ABILENE County DICKINSON State KS Zip 67410
Phone 785-823-2287
NAICS 457210

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)?

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Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Chris Abell Title DISTRICT MANAGER
Phone (785) 823-2287 24-hour Phone (785) 452-3416
Email chris.abell@propanecentral.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

5. Section Reporting: Please check as appropriate

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

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Facility ID #	Parent ID #	Entered by
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Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date

Signature [Signature]

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> UBIQUITOUS</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> _____ 126,000 _____ Maximum Daily Amount (lbs) _____ 107,100 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> UBIQUITOUS				<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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1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-BROOKVILLE
Street Address 911 28TH RD
Latitude 38.7543380 Longitude -97.9839900
City BROOKVILLE County ELLSWORTH State KS Zip 67425
Phone 785-823-2287
NAICS 457210

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

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Chris Abell Title DISTRICT MANAGER
Phone (785) 823-2287 24-hour Phone (785) 452-3416
Email chris.abell@propanecentral.com

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Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

5. Section Reporting: Please check as appropriate

☒ Section 312 ☐ Section 311 ☐ Section 302
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Facility ID #	Parent ID #	Entered by
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Barrett McCaffrey, Regional HSE Manager
Name and official title of owner/operator or authorized representative

2/27/2025
Date

[Signature]
Signature

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type Above Ground Tank Pressure Greater than ambient pressure Temperature Ambient temperature Storage Location <input type="checkbox"/> UBIQUITOUS _____ 61,056 _____ Maximum Daily Amount (lbs) _____ 30,528 _____ 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	Container Type Pressure Temperature Storage Location _____ Maximum Daily Amount (lbs) _____ Average Daily Amount (lbs) _____ Number of Days on Site <input type="checkbox"/> Optional Report			



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, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC -JUNCTION CITY
Street Address 2618 CENTRAL DR
Latitude 38.9980610 Longitude -96.8657870
City JUNCTION CITY County GEARY State KS Zip 66441
Phone 785-762-5160
NAICS 457210

RMP Fac ID ☒ N/A
TRI Fac ID ☒ N/A
Max # of occupants 6 ☒ Manned ☐ Unmanned

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

☐ Yes ☒ No

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

☐ Yes ☒ No

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Chris Abell Title DISTRICT MANAGER
Phone (785) 823-2287 24-hour Phone (785) 452-3416
Email chris.abell@propanecentral.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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.

Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date

Signature [Signature]

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> UBIQUITOUS</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> _____ 111,936 _____ Maximum Daily Amount (lbs) _____ 55,968 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> UBIQUITOUS				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
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Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

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

Important: Read all instructions before completing form

1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-NEWTON
Street Address 3610 N K-15 HWY
Latitude 38.0864590 Longitude -97.3460530
City NEWTON County HARVEY State KS Zip 67114
Phone 316-283-5530
NAICS 457210

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

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Brandon Meyers Title DISTRICT MANAGER
Phone (316) 744-6722 24-hour Phone (316) 640-6131
Email brandon.meyers@propanecentral.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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.

Barrett McCaffrey, Regional HSE Manager
Name and official title of owner/operator or authorized representative

2/27/2025
Date

[Signature]
Signature

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> UBIQUITOUS</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> _____ 101,760 _____ Maximum Daily Amount (lbs) _____ 50,880 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> UBIQUITOUS				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
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Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

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Topeka KS 66612-1365
(785) 296-1688

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1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-MCLOUTH
Street Address 11850 UNION RD
Latitude 39.2671680 Longitude -95.2082680
City MCLOUTH County JEFFERSON State KS Zip 66054
Phone 785-862-2200
NAICS 457210

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

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Chad Graber Title DISTRICT MANAGER
Phone (785) 862-2200 24-hour Phone (785) 250-1942
Email chad.graber@dccpropane.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

5. Section Reporting: Please check as appropriate

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

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Facility ID #	Parent ID #	Entered by
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☐ Site Plan ☐ Description of Dikes
☐ Site Coordinate Abbreviations ☐ Other Safeguard Measures

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

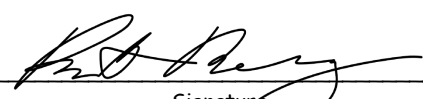
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages 1 through ____ and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date


Signature

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type Above Ground Tank Pressure Greater than ambient pressure Temperature Ambient temperature Storage Location <input type="checkbox"/> UBIQUITOUS _____ 61,056 _____ Maximum Daily Amount (lbs) _____ 30,528 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			
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Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

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

Important: Read all instructions before completing form

1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-VALLEY FALLS
Street Address 1701 SYCAMORE ST
Latitude 39.3336200 Longitude -95.4550740
City VALLEY FALLS County JEFFERSON State KS Zip 66088
Phone 785-862-2200
NAICS 457210

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

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Chad Graber Title DISTRICT MANAGER
Phone (785) 862-2200 24-hour Phone (785) 250-1942
Email russ.reed@propanecentral.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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.

Barrett McCaffrey, Regional HSE Manager
Name and official title of owner/operator or authorized representative

2/27/2025
Date

[Signature]
Signature

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input checked="" type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type Above Ground Tank Pressure Greater than ambient pressure Temperature Ambient temperature Storage Location <input type="checkbox"/> UBIQUITOUS _____ 101,760 _____ Maximum Daily Amount (lbs) _____ 50,880 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			
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1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC - NORTONVILLE
Street Address 19821 K4 HWY
Latitude 39.4056650 Longitude -95.3344140
City NORTONVILLE County JEFFERSON State KS Zip 66060
Phone 217-295-2281
NAICS 457210

RMP Fac ID ☒ N/A
TRI Fac ID ☒ N/A
Max # of occupants 3 ☒ 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)?

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Email jeff.worgum@dccpropane.com

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City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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

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Facility ID #	Parent ID #	Entered by
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Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date

Signature 

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> UBIQUITOUS</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> _____ 203,520 _____ Maximum Daily Amount (lbs) _____ 101,760 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> UBIQUITOUS				<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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1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-KINGMAN
Street Address 4025 NW 30TH ST
Latitude 37.6892060 Longitude -98.1910750
City KINGMAN County KINGMAN State KS Zip 67068
Phone 316-744-6722
NAICS 457210

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)?

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4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Brandon Meyers Title DISTRICT MANAGER
Phone (316) 744-6722 24-hour Phone (316) 640-6131
Email brandon.meyers@propanecentral.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
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Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date

Signature [Signature]

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
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Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

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

Important: Read all instructions before completing form

1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-INMAN
Street Address 444 8TH AVE
Latitude 38.2387730 Longitude -97.7758930
City INMAN County McPHERSON State KS Zip 67460
Phone 316-283-5531
NAICS 457210

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

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Brandon Meyers Title DISTRICT MANAGER
Phone (316) 744-6722 24-hour Phone (316) 640-6131
Email brandon.meyers@propanecentral.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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)

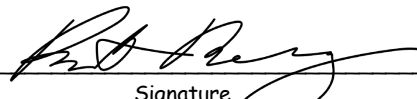
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages 1 through ____ and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date

Signature 

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> UBIQUITOUS</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> _____ 122,112 _____ Maximum Daily Amount (lbs) _____ 61,056 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> UBIQUITOUS				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
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Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

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

Important: Read all instructions before completing form

1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-LINDSBORG
Street Address 407 E SWENSSON
Latitude 38.5799970 Longitude -97.6701930
City LINDSBORG County McPHERSON State KS Zip 67456
Phone 785-823-2287
NAICS 457210

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

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Chris Abell Title DISTRICT MANAGER
Phone (785) 823-2287 24-hour Phone (785) 452-3416
Email chris.abell@propanecentral.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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)

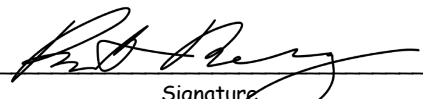
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Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date

Signature 

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> UBIQUITOUS</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> _____ 61,056 _____ Maximum Daily Amount (lbs) _____ 30,528 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> UBIQUITOUS				<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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1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-SCRANTON
Street Address 16118 S TOPEKA BLVD
Latitude 38.7778610 Longitude -95.7293460
City SCRANTON County OSAGE State KS Zip 66537
Phone 785-862-2200
NAICS 457210

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

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4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Chad Graber Title DISTRICT MANAGER
Phone (785) 862-2200 24-hour Phone (785) 250-1942
Email chad.graber@dccpropane.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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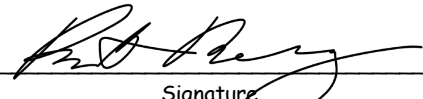
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2/27/2025

Name and official title of owner/operator or authorized representative

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Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> UBIQUITOUS</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> _____ 80,730 _____ Maximum Daily Amount (lbs) _____ 40,365 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> UBIQUITOUS				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
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Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

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

Important: Read all instructions before completing form

1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-MINNEAPOLIS
Street Address 1173 N 135TH RD
Latitude 39.1156310 Longitude -97.6782180
City MINNEAPOLIS County OTTAWA State KS Zip 67467
Phone 785-823-2287
NAICS 457210

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

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Chris Abell Title DISTRICT MANAGER
Phone (785) 823-2287 24-hour Phone (785) 452-3416
Email chris.abell@propanecentral.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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.

Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date

Signature 

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
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Topeka KS 66612-1365
(785) 296-1688

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1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-ONAGA
Street Address 219 RAILWAY AVE
Latitude 39.4753790 Longitude -96.2116290
City ONAGA County POTTAWATOMIE State KS Zip 66521
Phone 785-293-5872
NAICS 457210

RMP Fac ID ☒ N/A
TRI Fac ID ☒ N/A
Max # of occupants 2 ☐ Manned ☒ Unmanned

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Phone (785) 823-2287 24-hour Phone (785) 452-3416
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Submitter Barrett
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ATTN Jeff Worgum
Phone (224) 573-7730

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Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date

Signature [Signature]

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2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-WESTMORELAND
Street Address 203 S HWY 99
Latitude 39.3917850 Longitude -96.4075800
City WESTMORELAND County POTTAWATOMIE State KS Zip 66549
Phone 785-293-5872
NAICS 457210

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

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Chris Abell Title DISTRICT MANAGER
Phone (785) 823-2287 24-hour Phone (785) 452-3416
Email chris.abell@propanecentral.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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.

Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date

Signature [Signature]

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> UBIQUITOUS</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> _____ 57,664 _____ Maximum Daily Amount (lbs) _____ 28,832 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> UBIQUITOUS				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
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Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

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

Important: Read all instructions before completing form

1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-MANHATTAN
Street Address 3384 EXCEL RD
Latitude 39.1910600 Longitude -96.5013070
City MANHATTAN County POTTAWATOMIE State KS Zip 66505
Phone 785-293-5872
NAICS 457210

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

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Chris Abell Title DISTRICT MANAGER
Phone (785) 823-2287 24-hour Phone (785) 452-3416
Email chris.abell@propanecentral.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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.

Barrett McCaffrey, Regional HSE Manager
Name and official title of owner/operator or authorized representative

2/27/2025
Date

[Signature]
Signature

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> UBIQUITOUS</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> _____ 126,000 _____ Maximum Daily Amount (lbs) _____ 107,100 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> UBIQUITOUS				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
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Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

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Topeka KS 66612-1365
(785) 296-1688

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1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-RILEY
Street Address 12610 W KANSAS AVE
Latitude 39.2990240 Longitude -96.8377640
City RILEY County RILEY State KS Zip 66531
Phone 785-293-5872
NAICS 457210

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)?

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Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

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Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Chris Abell Title DISTRICT MANAGER
Phone (785) 823-2287 24-hour Phone (785) 452-3416
Email chris.abell@propanecentral.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

5. Section Reporting: Please check as appropriate

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

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☐ Site Coordinate Abbreviations ☐ Other Safeguard Measures

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

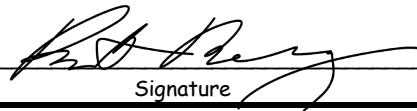
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages 1 through ____ and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date

Signature 

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> UBIQUITOUS</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> _____ 101,760 _____ Maximum Daily Amount (lbs) _____ 50,880 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> UBIQUITOUS				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
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Chemical Name: CAS #: EHS: <input type="checkbox"/> Yes <input type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> </tbody> </table> _____ Maximum Daily Amount (lbs) _____ Average Daily Amount (lbs) _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
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Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

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

Important: Read all instructions before completing form

1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-S HUTCH
Street Address 707 N MAIN
Latitude 38.0366200 Longitude -97.9401730
City SOUTH HUTCHINSON County RENO State KS Zip 67505
Phone 620-663-6300
NAICS 457210

RMP Fac ID ☒ N/A
TRI Fac ID ☒ N/A
Max # of occupants 1 ☒ Manned ☐ Unmanned

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

☐ Yes ☒ No

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

☐ Yes ☒ No

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Brandon Meyers Title DISTRICT MANAGER
Phone (316) 744-6722 24-hour Phone (316) 640-6131
Email brandon.meyers@propanecentral.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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.

Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date

[Signature]
Signature

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> UBIQUITOUS</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> _____ 61,056 _____ Maximum Daily Amount (lbs) _____ 30,528 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> UBIQUITOUS				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
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Chemical Name: CAS #: EHS: <input type="checkbox"/> Yes <input type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> </tbody> </table> _____ Maximum Daily Amount (lbs) _____ Average Daily Amount (lbs) _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
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Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

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Topeka KS 66612-1365
(785) 296-1688

Important: Read all instructions before completing form

1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 3

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-SALINA
Street Address 409 W NORTH
Latitude 38.8493700 Longitude -97.6125570
City SALINA County SALINE State KS Zip 67401
Phone 785-823-2287
NAICS 457210

RMP Fac ID ☒ N/A
TRI Fac ID ☒ N/A
Max # of occupants 10 ☒ Manned ☐ Unmanned

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

☐ Yes ☒ No

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

☐ Yes ☒ No

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Chris Abell Title DISTRICT MANAGER
Phone (785) 823-2287 24-hour Phone (785) 452-3416
Email chris.abell@propanecentral.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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)

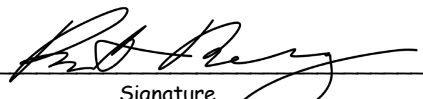
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages 1 through ____ and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date

Signature 

8. Chemical Information

Page 2 of 3

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: Diesel Fuels	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input checked="" type="checkbox"/> Carcinogenicity <input checked="" 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	Container Type Above Ground Tank Above Ground Tank _____ 36,000 _____ Maximum Daily Amount (lbs) _____ 36,000 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Pressure Ambient Pressure Ambient Pressure 	Temperature Ambient temperature Ambient temperature 	Storage Location <input type="checkbox"/> Yard <input type="checkbox"/> Yard
Chemical Name: Kerosene	<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 checked="" type="checkbox"/> Skin corrosion or irritation <input 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 checked="" 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	Container Type Above Ground Tank _____ 35,050 _____ Maximum Daily Amount (lbs) _____ 35,050 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Pressure Ambient Pressure 	Temperature Ambient temperature 	Storage Location <input type="checkbox"/> Yard

8. Chemical Information

Page 3 of 3

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> UBIQUITOUS</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> _____ 162,816 _____ Maximum Daily Amount (lbs) _____ 81,408 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> UBIQUITOUS				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
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Chemical Name: CAS #: EHS: <input type="checkbox"/> Yes <input type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr> </tbody> </table> _____ Maximum Daily Amount (lbs) _____ Average Daily Amount (lbs) _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
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Topeka KS 66612-1365
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Important: Read all instructions before completing form

1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-CHENEY
Street Address 200 E SOUTH ST
Latitude 37.6259790 Longitude -97.7793690
City CHENEY County SEDGWICK State KS Zip 67025
Phone 316-744-6722
NAICS 457210

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

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Brandon Meyers Title DISTRICT MANAGER
Phone (316) 744-6722 24-hour Phone (316) 640-6131
Email brandon.meyers@propanecentral.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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)

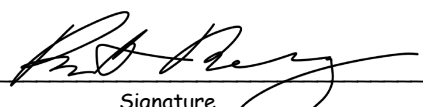
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages 1 through ____ and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date

Signature 

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> UBIQUITOUS</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> _____ 101,760 _____ Maximum Daily Amount (lbs) _____ 50,880 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> UBIQUITOUS				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
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Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

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

Important: Read all instructions before completing form

1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-WICHITA
Street Address 14300 E 61ST ST NORTH
Latitude 37.7968170 Longitude -97.1727180
City WICHITA County SEDGWICK State KS Zip 67228
Phone 316-744-6722
NAICS 457210

RMP Fac ID ☒ N/A
TRI Fac ID ☒ N/A
Max # of occupants 16 ☒ Manned ☐ Unmanned

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

☐ Yes ☒ No

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

☐ Yes ☒ No

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

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Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

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Phone (316) 744-6722 24-hour Phone (316) 640-6131
Email brandon.meyers@propanecentral.com

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City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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☐ Site Coordinate Abbreviations ☐ Other Safeguard Measures

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Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date


Signature

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> UBIQUITOUS</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> _____ 203,520 _____ Maximum Daily Amount (lbs) _____ 101,760 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> UBIQUITOUS				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
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Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

Mail to: Right-to-Know Program
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Topeka KS 66612-1365
(785) 296-1688

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1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name DCC PROPANE LLC-ROSSVILLE
Street Address 14411 NW 46TH ST
Latitude 39.0746220 Longitude -95.5709790
City ROSSVILLE County SHAWNEE State KS Zip 66533
Phone 785-862-2200
NAICS 457210

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

4a. Tier II Contact

Name Jeff Worgum Title REGIONAL HSE MGR
Phone (224) 573-7730 24-hour phone (708) 548-1636
Email jeff.worgum@dccpropane.com

4b. Emergency Contact

Name ERIC PAYNE Title GENERAL MANAGER
Phone (316) 744-6722 24-hour Phone (316) 204-1675
Email eric.payne@dccpropane.com

Name Chad Graber Title DISTRICT MANAGER
Phone (785) 862-2200 24-hour Phone (785) 250-1942
Email chad.graber@dccpropane.com

3a. Owner/Operator Identification

Business Name DCC PROPANE LLC
Address 1001 WARRENVILLE RD SUITE 350
City LISLE State IL Zip 60532
Business Phone 630-658-9501 Country USA
Submitter Barrett
Email barrett.mccaffrey@dccpropane.com
Dun & Bradstreet 081506349

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

Business Name DCC Propane, LLC
Address 1001 Warrenville Rd
City Lisle State IL Zip 60532
ATTN Jeff Worgum
Phone (224) 573-7730

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☒ Section 312 ☐ Section 311 ☐ Section 302
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Barrett McCaffrey, Regional HSE Manager
Name and official title of owner/operator or authorized representative

2/27/2025
Date

[Signature]
Signature

8. Chemical Information

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input 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 checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type Above Ground Tank	Pressure Greater than ambient pressure	Temperature Ambient temperature	Storage Location <input type="checkbox"/> ON SITE
			_____ 61,056 _____ Maximum Daily Amount (lbs) _____ 30,528 _____ 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	Container Type	Pressure	Temperature	Storage Location
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1. Reporting Period

From January 1 to December 31, 2024

Page 1 of 2

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2a. New Facility ☒ Yes ☐ No

Name DCC PROPANE LLC - TOPEKA
Street Address 5444 SW Randolph Ave
Latitude 38.9678290 Longitude -95.7125820
City TOPEKA County SHAWNEE State KS Zip 66609
Phone (785) 862-2200
NAICS 457210

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

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

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☐ 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.

Barrett McCaffrey, Regional HSE Manager

2/27/2025

Name and official title of owner/operator or authorized representative

Date

Signature [Signature]

8. Chemical Information

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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																												
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> UBIQUITOUS</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> _____ 203,520 _____ Maximum Daily Amount (lbs) _____ 101,760 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Greater than ambient pressure	Ambient temperature	<input type="checkbox"/> UBIQUITOUS				<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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