



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

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2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name LOVES TRAVEL STOP #732
Street Address 2322 FAIR RD
Latitude 38.9333450 Longitude -97.2584260
City ABILENE County DICKINSON State KS Zip 67410
Phone 785-263-3390
NAICS 457110

RMP Fac ID ☒ N/A
TRI Fac ID ☒ N/A
Max # of occupants 75 ☒ 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 CHRIS WELDON Title ENV MGR
Phone 405-302-6673 24-hour phone 405-242-2543
Email CHRIS.WELDON@LOVES.COM

4b. Emergency Contact

Name CHRIS WELDON Title ENV MGR
Phone 405-302-6673 24-hour Phone 405-242-2543
Email CHRIS.WELDON@LOVES.COM

Name GEN MGR #732 Title STORE MGR
Phone 785-263-3390 24-hour Phone 405-242-2543
Email STORE732@LOVES.COM

3a. Owner/Operator Identification

Business Name LOVES TRAVEL STOPS & COUNTRY STORES
Address 10601 N PENNSYLVANIA AVE
City OKLAHOMA CITY State OK Zip 73120
Business Phone 405-749-1744 Country USA
Submitter CHRIS WELDON
Email CHRIS.WELDON@LOVES.COM
Dun & Bradstreet 033040353

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

Business Name _____
Address _____
City _____ State KS Zip _____
ATTN _____
Phone _____

5. Section Reporting: Please check as appropriate

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

For Official Use Only

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

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

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages 1 through 4 and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Chris Weldon

2/21/2025

Name and official title of owner/operator or authorized representative

Date

Chris Weldon

Signature

8. Chemical Information

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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: BIO DIESEL	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input checked="" type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input checked="" type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type	Pressure	Temperature	Storage Location
CAS #:			Below Ground Tank	Ambient Pressure	Ambient temperature	<input type="checkbox"/> 20,000 GAL UST N OF STORE
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/>
EHS Name (if applicable):						<input type="checkbox"/>
EHS CAS # (if applicable):						<input type="checkbox"/>
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas						<input type="checkbox"/>
<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix						<input type="checkbox"/>
<input type="checkbox"/> Trade Secret						<input type="checkbox"/>
			_____ 146,608 _____ Maximum Daily Amount (lbs) _____ 146,608 _____ Average Daily Amount (lbs) _____ 366 _____ Number of Days on Site <input type="checkbox"/> Optional Report			
Chemical Name: DIESEL EXHAUST FLUID	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type	Pressure	Temperature	Storage Location
CAS #:			Below Ground Tank	Ambient Pressure	Ambient temperature	<input type="checkbox"/> 12,000 GAL UST N OF STORE
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/>
EHS Name (if applicable):						<input type="checkbox"/>
EHS CAS # (if applicable):						<input type="checkbox"/>
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas						<input type="checkbox"/>
<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix						<input type="checkbox"/>
<input type="checkbox"/> Trade Secret						<input type="checkbox"/>
			_____ 108,986 _____ Maximum Daily Amount (lbs) _____ 108,986 _____ Average Daily Amount (lbs) _____ 366 _____ Number of Days on Site <input type="checkbox"/> Optional Report			

8. Chemical Information

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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: MOTOR OIL	<input type="checkbox"/> Explosive	<input type="checkbox"/> Acute toxicity (any route of exposure)	Container Type	Pressure	Temperature	Storage Location
CAS #:	<input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)	<input checked="" type="checkbox"/> Skin corrosion or irritation	Tank Inside Building	Ambient Pressure	Ambient temperature	<input type="checkbox"/> (7) 275-400 GAL ASTS IN TIRE SHOP
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Oxidizer (gas, liquid, or solid)	<input checked="" type="checkbox"/> Serious eye damage or eye irritation				<input type="checkbox"/>
EHS Name (if applicable):	<input type="checkbox"/> Self-reactive	<input checked="" type="checkbox"/> Respiratory or skin sensitization				<input type="checkbox"/>
EHS CAS # (if applicable):	<input type="checkbox"/> Pyrophoric (liquid or solid)	<input type="checkbox"/> Germ cell mutagenicity				<input type="checkbox"/>
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Pyrophoric gas	<input type="checkbox"/> Carcinogenicity				<input type="checkbox"/>
<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix	<input type="checkbox"/> Self-heating	<input type="checkbox"/> Reproductive toxicity				<input type="checkbox"/>
<input type="checkbox"/> Trade Secret	<input type="checkbox"/> Organic peroxide	<input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)				<input type="checkbox"/>
	<input type="checkbox"/> Corrosive to metal	<input type="checkbox"/> Aspiration hazard				<input type="checkbox"/>
	<input type="checkbox"/> Gas under pressure (compressed gas)	<input type="checkbox"/> Simple asphyxiant				<input type="checkbox"/>
	<input type="checkbox"/> In contact with water emits flammable gas	<input type="checkbox"/> Hazard not otherwise classified				<input type="checkbox"/>
	<input type="checkbox"/> Combustible Dust					<input type="checkbox"/>
	<input type="checkbox"/> Hazard not otherwise classified					<input type="checkbox"/>
			_____ 17,243 _____ Maximum Daily Amount (lbs) _____ 17,243 _____ Average Daily Amount (lbs) _____ 366 _____ Number of Days on Site <input type="checkbox"/> Optional Report			
Chemical Name:	<input type="checkbox"/> Explosive	<input type="checkbox"/> Acute toxicity (any route of exposure)	Container Type	Pressure	Temperature	Storage Location
CAS #:	<input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)	<input type="checkbox"/> Skin corrosion or irritation				<input type="checkbox"/>
EHS: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Oxidizer (gas, liquid, or solid)	<input type="checkbox"/> Serious eye damage or eye irritation				<input type="checkbox"/>
EHS Name (if applicable):	<input type="checkbox"/> Self-reactive	<input type="checkbox"/> Respiratory or skin sensitization				<input type="checkbox"/>
EHS CAS # (if applicable):	<input type="checkbox"/> Pyrophoric (liquid or solid)	<input type="checkbox"/> Germ cell mutagenicity				<input type="checkbox"/>
<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Pyrophoric gas	<input type="checkbox"/> Carcinogenicity				<input type="checkbox"/>
<input type="checkbox"/> Pure <input type="checkbox"/> Mix	<input type="checkbox"/> Self-heating	<input type="checkbox"/> Reproductive toxicity				<input type="checkbox"/>
<input type="checkbox"/> Trade Secret	<input type="checkbox"/> Organic peroxide	<input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)				<input type="checkbox"/>
	<input type="checkbox"/> Corrosive to metal	<input type="checkbox"/> Aspiration hazard				<input type="checkbox"/>
	<input type="checkbox"/> Gas under pressure (compressed gas)	<input type="checkbox"/> Simple asphyxiant				<input type="checkbox"/>
	<input type="checkbox"/> In contact with water emits flammable gas	<input type="checkbox"/> Hazard not otherwise classified				<input type="checkbox"/>
	<input type="checkbox"/> Combustible Dust					<input type="checkbox"/>
	<input type="checkbox"/> Hazard not otherwise classified					<input type="checkbox"/>
			_____ Maximum Daily Amount (lbs) _____ Average Daily Amount (lbs) _____ Number of Days on Site <input type="checkbox"/> Optional Report			

MIXTURE COMPONENT INFORMATION FORM

Chemical Name: BIODIESEL

CAS #:

Mixture Component Chemicals	%	CAS #	EHS
DIESEL FUEL NO. 2	1	68476-34-6	<input type="checkbox"/>
SOYBEAN OIL	99	67784-80-9	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: DIESEL EXHAUST FLUID

CAS #:

Mixture Component Chemicals	%	CAS #	EHS
UREA	32.5	57-13-6	<input type="checkbox"/>
WATER	67.5	7732-18-5	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: MOTOR OIL

CAS #:

Mixture Component Chemicals	%	CAS #	EHS
MINERAL OIL	99	8012-95-1	<input type="checkbox"/>
ZINC ALKYL DITHIOPHOSPHATE	2.5	68649-42-3	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name:

CAS #:

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