



**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

2. Facility Identification 2a. New Facility ☐ Yes ☒ No

1. Reporting Period  
From January 1 to December 31, 2024

Page 1 of 4

Name UNION PACIFIC RR-HERINGTON YARD

Street Address 501 NORTH 5TH ST

Latitude 38.6759870 Longitude -96.9483770

City HERINGTON County DICKINSON State KS Zip 67449

Phone 816-399-1440

NAICS 482111

RMP Fac ID ☒ N/A

TRI Fac ID ☒ N/A

Max # of occupants 300 ☒ 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 TYLER PARKER Title ENV COMPLIANCE MGR

Phone 816-398-1595 24-hour phone 888-877-7267

Email taparker@up.com

4b. Emergency Contact

Name LANE SEKAVEC Title HAZ MATERIALS MGR

Phone 816-830-0178 24-hour Phone 888-877-7267

Email lanesekavec@up.com

Name RESPONSE MGMT

Phone 888-877-7267 Title COMMS CENTER

Email lanesekavec@up.com

3a. Owner/Operator Identification

Business Name UNION PACIFIC RAILROAD

Address 1400 DOUGLASS ST

City OMAHA State NE Zip 68179

Business Phone 402-544-5000 Country USA

Submitter TYLER PARKER

Email taparker@up.com

Dun & Brodstreet 006991599

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

Business Name UNION PACIFIC RAILROAD

Address 2645 N NEW YORK ST

City WICHITA State KS Zip 67219

ATTN TYLER PARKER

Phone 816-398-1595

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 1 and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Name and official title of owner/operator or authorized representative

Date

Signature

## 8. Chemical Information

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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: DIESEL FUEL #2	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid)	<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	Container Type	Pressure	Temperature	Storage Location
CAS #: 68476-34-6		<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	Above Ground Tank	Ambient pressure	Ambient temperature	<input type="checkbox"/> FUEL STORAGE & PUMP
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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 type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Above Ground Tank	Ambient pressure	Ambient temperature	<input type="checkbox"/> FUELING FACILITY
EHS Name (if applicable):			Above Ground Tank	Ambient pressure	Ambient temperature	<input type="checkbox"/> SERVICE TRACK
EHS CAS # (if applicable):						
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas						
<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix						
<input type="checkbox"/> Trade Secret						
Chemical Name: ELECTROLYTE	<input checked="" type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid)	<input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation	Container Type	Pressure	Temperature	Storage Location
CAS #: 7664-93-9		<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	Battery	Ambient pressure	Ambient temperature	<input type="checkbox"/> YARD OFFICE & SIGNAL AREA
EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<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 type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Battery	Ambient pressure	Ambient temperature	<input type="checkbox"/> COMMUNICATION BLDG
EHS Name (if applicable):						
EHS CAS # (if applicable):						
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas						
<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix						
<input type="checkbox"/> Trade Secret						
<input type="checkbox"/> Optional Report						
365 Number of Days on Site						
5,408,570 Maximum Daily Amount (lbs)						
2,702,825 Average Daily Amount (lbs)						
365 Number of Days on Site						
1,229 Maximum Daily Amount (lbs)						
1,229 Average Daily Amount (lbs)						
365 Number of Days on Site						
<input type="checkbox"/> Optional Report						

Chemical Description		Physical Hazards		Health Hazards		Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: USED OIL  CAS #: NONE  EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  EHS Name (if applicable):  EHS CAS # (if applicable):	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input checked="" type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type Above Ground Tank	Pressure Ambient pressure	Temperature Ambient temperature	Storage Location <input type="checkbox"/> WASTEWATER TREATMENT			
Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<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	72,000 36,000 365 <input checked="" type="checkbox"/> Optional Report	Maximum Daily Amount (lbs) Average Daily Amount (lbs)	Maximum Daily Amount (lbs) Average Daily Amount (lbs)				
Chemical Name:  CAS #:  EHS: <input type="checkbox"/> Yes <input type="checkbox"/> No  EHS Name (if applicable):  EHS CAS # (if applicable):	<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 _____			
Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	_____ _____ _____ <input type="checkbox"/> Optional Report	_____ _____ _____	_____ _____ _____				

MIXTURE COMPONENT INFORMATION FORM

Chemical Name: ELECTROLYTE

CAS #: 7664-93-9

Mixture Component Chemicals	%	CAS #	EHS
SULFURIC ACID	44	7664-93-9	<input checked="" 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"/>

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"/>
			<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"/>
			<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"/>
			<input type="checkbox"/>
			<input type="checkbox"/>