



**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 3

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

3a. Owner/Operator Identification

Name VERIZON WIRELESS - ABILENE (ID: 6232146)  
Street Address 2544 Hawk Road  
Latitude 38.9643000 Longitude -97.2029000  
City ABILENE County DICKINSON State KS Zip 67410  
Phone 908-559-4600  
NAICS 517112  
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

Business Name VERIZON WIRELESS  
Address One Verizon Way, M.C. 3E039F State NJ Zip 07920-1097  
City Basking Ridge  
Business Phone 800-386-9639 Country USA  
Submitter Paul Hausman  
Email vz-epcra@verizon.com  
Dun & Bradstreet 884638305  
3b. Mailing Address if different from Owner/Operator Address  
Business Name Verizon c/o Sigma Consultants  
Address 65 Boston Post Road W, Suite 150  
City Marlborough State MA Zip 01752  
ATTN Peter Burnell  
Phone 978-266-0220

4a. Tier II Contact

5. Section Reporting: Please check as appropriate

Name Mark Gordon Title Tier II Contact  
Phone 978-266-0220 24-hour phone 800-386-9639  
Email Mark.Gordon@verizon.com

☒ Section 312 ☐ Section 311 ☐ Section 302  
☒ Annual ☐ Revision ☐ Identical to last year  
For Official Use Only  
Facility ID # Parent ID # Entered by

4b. Emergency Contact  
Name Network Operations Center Title Manager on Duty  
Phone 800-264-6620 24-hour Phone 800-386-9639  
Email vz-epcra@verizon.com

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.

Paul Hausman, EHS Compliance  
Name and official title of owner/operator or authorized representative Date 01/09/2025 Signature

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations			
			Container Type	Pressure	Temperature	Storage Location
Chemical Name: <b>LEAD ACID BATTERY</b>  CAS #: N/A  EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  EHS Name (if applicable):  EHS CAS # (if applicable):	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input checked="" type="checkbox"/> Germ cell mutagenicity <input checked="" type="checkbox"/> Carcinogenicity <input 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"/> ON TOWER PROPERTY IN EGMT SHELTER	6.312 Maximum Daily Amount (lbs)  6.312 Average Daily Amount (lbs)  365 Number of Days on Site  <input type="checkbox"/> Optional Report	Container Type Pressure Temperature Storage Location	
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	Maximum Daily Amount (lbs)  Average Daily Amount (lbs)  Number of Days on Site  <input type="checkbox"/> Optional Report	Container Type Pressure Temperature Storage Location		

CAS #: N/A

[illegible]

CAS #:

[illegible]

CAS #:

[illegible]

CAS #:

[illegible]



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(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 VERIZON WIRELESS-ENTERPRISE (ID:6235078)  
Street Address 512 S BLUFF ST  
Latitude 38.9000000 Longitude -97.1209000  
City ENTERPRISE County DICKINSON State KS Zip 67441  
Phone 800-386-9639  
NAICS 517112  
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 Mark Gordon Title Tier II Contact  
Phone 978-266-0220 24-hour phone 800-386-9639  
Email Mark.Gordon@verizon.com

4b. Emergency Contact

Name Network Operations Center Title Manager on Duty  
Phone 800-264-6620 24-hour Phone 800-386-9639  
Email vz-epcra@verizon.com

Name Paul Hausman Title EHS Compliance  
Phone 908-559-6560 24-hour Phone 800-386-9639  
Email paul.hausman@verizonwireless.com

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

Paul Bauman, EHS Compliance

Name and official title of owner/operator or authorized representative

01/09/2025

Date

Signature

3a. Owner/Operator Identification

Business Name VERIZON WIRELESS  
Address One Verizon Way, MC: 3E039F  
City Basking Ridge State NJ Zip 07920-1097  
Business Phone 800-386-9639 Country USA  
Submitter Paul Hausman  
Email vz-epcra@verizon.com  
Dun & Bradstreet 884638305

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

Business Name Verizon c/o Sigma Consultants  
Address 65 Boston Post Road W, Suite 150  
City Marlborough State MA Zip 01752  
ATTN Peter Bunnell  
Phone 978-266-0220

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

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations			
			Container Type	Pressure	Temperature	Storage Location
Chemical Name: <b>LEAD ACID BATTERIES</b>  CAS #: 7664-93-9  EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  EHS Name (if applicable):  EHS CAS # (if applicable):	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Serious eye damage or eye irritation <input checked="" 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	Battery	Ambient Pressure	Ambient temperature	<input type="checkbox"/> IN SHELTER
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
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"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	7,680	Maximum Daily Amount (lbs)	7,680	Average Daily Amount (lbs)
365	Number of Days on Site	<input type="checkbox"/> Optional Report	365	Number of Days on Site	<input type="checkbox"/> Optional Report	Number of Days on Site

CAS #: 7664-93-9

[illegible]

CAS #:

[illegible]

CAS #:

[illegible]

CAS #:

[illegible]