



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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name <u>ROBSON OIL CO - TALMAGE</u>			
Street Address <u>2961 MAIN ST</u>			
Latitude <u>39.0250720</u>		Longitude <u>-97.2600570</u>	
City <u>TALMAGE</u>		County <u>DICKINSON</u> State <u>KS</u> Zip <u>67482</u>	
Phone <u>785-263-2470</u>			
NAICS <u>457120</u>		<input checked="" type="checkbox"/> N/A	
RMP Fac ID <u></u>		<input checked="" type="checkbox"/> N/A	
TRI Fac ID <u></u>		<input checked="" type="checkbox"/> Manned <input type="checkbox"/> Unmanned	
Max # of occupants <u></u>			
Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Subject to Chemical Accident Prevention under Section 112c of CAA (40 CFR part 68)?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4a. Tier II Contact			
Name <u>PAT ROBSON</u>		Title <u>OWNER</u>	
Phone <u>785-263-2470</u>		24-hour phone <u>785-263-2470</u>	
Email <u>pat@robsonoil.com</u>			
4b. Emergency Contact			
Name <u>PAT ROBSON</u>		Title <u>EMER CONTACT</u>	
Phone <u>785-263-2470</u>		24-hour Phone <u>785-263-2470</u>	
Email <u>pat@robsonoil.com</u>			
Name <u></u>		Title <u></u>	
Phone <u></u>		24-hour Phone <u></u>	
Email <u></u>			
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 <u></u> 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 <u></u>		Date <u></u>	
		Signature <u></u>	

3a. Owner/Operator Identification			
Business Name <u>ROBSON OIL COMPANY INC</u>			
Address <u>1302 PORTLAND</u>			
City <u>ABILENE</u>		State <u>KS</u> Zip <u>67410</u>	
Business Phone <u>785-263-2470</u>		Country <u>USA</u>	
Submitter <u>PAT ROBSON</u>			
Email <u>pat@robsonoil.com</u>			
Dun & Brodstreet <u></u>			
3b. Mailing Address if different from Owner/Operator Address			
Business Name <u></u>			
Address <u></u>			
City <u></u>		State <u>KS</u> Zip <u></u>	
ATTN <u></u>			
Phone <u></u>			
5. Section Reporting: Please check as appropriate			
<input checked="" type="checkbox"/> Section 312		<input type="checkbox"/> Section 311	
<input checked="" type="checkbox"/> Annual		<input type="checkbox"/> Revision	
<input type="checkbox"/> Identical to last year			
For Official Use Only			
Facility ID # <u></u>		Parent ID # <u></u>	
Entered by <u></u>			
6. Optional Attachments			
<input type="checkbox"/> Site Plan		<input type="checkbox"/> Description of Dikes	
<input type="checkbox"/> Site Coordinate Abbreviations		<input type="checkbox"/> Other Safeguard Measures	

Page 2 of 2

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations			
			Container Type	Pressure	Temperature	Storage Location
Chemical Name: DIESEL FUEL CAS #: 68334-30-5 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable):	<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 checked="" 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 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	<div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div>			
Chemical Name: GASOLINE CAS #: 8006-61-9 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable):	<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 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 checked="" type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div>			
Optional Report <div> <input type="checkbox"/> Container Type <input type="checkbox"/> Pressure <input type="checkbox"/> Temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div>	<div> <input type="checkbox"/> Container Type <input type="checkbox"/> Pressure <input type="checkbox"/> Temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div>	<div> <input type="checkbox"/> Container Type <input type="checkbox"/> Pressure <input type="checkbox"/> Temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div>	<div> <input type="checkbox"/> Container Type <input type="checkbox"/> Pressure <input type="checkbox"/> Temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div> <div> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> ON SITE </div>			



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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name <u>ROBSON OIL CO - ABILENE</u>			
Street Address <u>1302 PORTLAND</u>			
Latitude <u>38.9290840</u>		Longitude <u>-97.2543370</u>	
City <u>ABILENE</u>		County <u>DICKINSON</u> State <u>KS</u> Zip <u>67410</u>	
Phone <u>785-263-2470</u>			
NAICS <u>424720</u>			
RMP Fac ID <u></u>		<input checked="" type="checkbox"/> N/A	
TRI Fac ID <u></u>		<input checked="" type="checkbox"/> N/A	
Max # of occupants <u></u>		<input checked="" type="checkbox"/> Manned <input type="checkbox"/> Unmanned	
Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Subject to Chemical Accident Prevention under Section 112r of CAA (40 CFR part 68)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4a. Tier II Contact			
Name <u>PAT ROBSON</u> Title <u>OWNER</u>			
Phone <u>785-263-2470</u> 24-hour phone <u>785-263-2470</u>			
Email <u>pat@robsonoil.com</u>			
4b. Emergency Contact			
Name <u>PAT ROBSON</u> Title <u>EMER CONTACT</u>			
Phone <u>785-263-2470</u> 24-hour Phone <u>785-263-2470</u>			
Email <u>pat@robsonoil.com</u>			
Name <u></u> Title <u></u>			
Phone <u></u> 24-hour Phone <u></u>			
Email <u></u>			
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 <u></u> 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 <u></u>		Date <u></u>	
Signature <u></u>			

3a. Owner/Operator Identification		
Business Name <u>ROBSON OIL COMPANY INC</u>		
Address <u>1302 PORTLAND</u>		
City <u>ABILENE</u>	State <u>KS</u> Zip <u>67410</u>	
Business Phone <u>785-263-2470</u> Country <u>USA</u>		
Submitter <u>PAT ROBSON</u>		
Email <u>pat@robsonoil.com</u>		
Dun & Bradstreet <u></u>		
3b. Mailing Address if different from Owner/Operator Address		
Business Name <u></u>		
Address <u></u>		
City <u></u>	State <u>KS</u> Zip <u></u>	
ATTN <u></u>	Phone <u></u>	
Phone <u></u>		
5. Section Reporting: Please check as appropriate		
<input checked="" type="checkbox"/> Section 312	<input type="checkbox"/> Section 311	<input type="checkbox"/> Section 302
<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Revision	<input type="checkbox"/> Identical to last year
For Official Use Only		
Facility ID # <u></u>	Parent ID # <u></u>	Entered by <u></u>
6. Optional Attachments		
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Description of Dikes	
<input type="checkbox"/> Site Coordinate Abbreviations	<input type="checkbox"/> Other Safeguard Measures	

