



## 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 CHAPMAN JCT SUBSTATION

Street Address 2017 2800 Ave

Latitude 39.0028000 Longitude -97.0170000

City CHAPMAN County DICKINSON State KS Zip 67431

Phone 316-617-1546

NAICS 221122

RMP Fac ID ☒ N/A

TRI Fac ID ☒ N/A

Max # of occupants 0 ☐ 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

### 3a. Owner/Operator Identification

Business Name Evergy \* Inc.

Address 818 South Kansas Ave

City Topeka State KS Zip 66612

Business Phone 785-508-2523 Country USA

Submitter Nick Martin

Email nick.martin@evergy.com

Dun & Bradstreet \_\_\_\_\_

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

Business Name Evergy, Inc.

Address Evergy, Inc. Attn: Nick Martin

City Topeka State KS Zip 66612

ATTN Nick Martin

Phone 316-617-1546

### 4a. Tier II Contact

Name Nick Martin Title Environmental Consultant II

Phone 785-508-2523 24-hour phone 316-617-1546

Email nick.martin@evergy.com

### 4b. Emergency Contact

Name Distribution n/a Title 24 Hour Contact

Phone 816-701-0613 24-hour Phone 816-701-0613

Email dds@evergy.com

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ 24-hour Phone \_\_\_\_\_

Email \_\_\_\_\_

### 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.

\_\_\_\_\_  
Name and official title of owner/operator or authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																															
Chemical Name: LEAD ACID BATTERIES - SULFURIC ACID  CAS #: 7664-93-9  EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  EHS Name (if applicable):  EHS CAS # (if applicable):  <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" 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 checked="" type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input checked="" 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 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>Battery</td><td>Ambient pressure</td><td>Ambient temperature</td><td><input type="checkbox"/> Various Battery Banks</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> _____ 1,328 _____ Maximum Daily Amount (lbs) _____ 1,328 _____ Average Daily Amount (lbs) _____ 366 _____ Number of Days on Site <input type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Battery	Ambient pressure	Ambient temperature	<input type="checkbox"/> Various Battery Banks				<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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