



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 South Bow Hope Pump Station
Street Address 549 Quail Rd
Latitude 38.6733360 Longitude -97.0443720
City HERINGTON County DICKINSON State KS Zip 67449
Phone (816) 233-6033
NAICS 486110

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

4a. Tier II Contact

Name Brian Meyer Title Senior Environmental Specialist
Phone 346-809-0451 24-hour phone 531-444-6990
Email brian.meyer@southbow.com

4b. Emergency Contact

Name Traves Guthmiller Title Gateway Area Manager
Phone 346-809-0457 24-hour Phone 816-752-4383
Email traves.guthmiller@southbow.com

Name Ryan Berger Title Director, US Field Operations
Phone 346-809-0418 24-hour Phone 918-285-6174
Email ryan.berger@southbow.com

3a. Owner/Operator Identification

Business Name TRANSCANADA PIPELINE LP
Address 13710 FNB PARKWAY SUITE 300
City OMAHA State NE Zip 68154
Business Phone 402-492-7408 Country USA
Submitter BRIAN MEYER
Email brian_meyer@tcenergy.com
Dun & Bradstreet _____

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

Business Name _____
Address _____
City _____ State NE 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 ____ 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

