



**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

Name AURORA COOP ELEVATOR-AMES

Street Address 1829 N 260TH RD

Latitude 39.5692770 Longitude -97.4452250

City AMES County CLOUD State KS Zip 66901

Phone 785-446-2040

NAICS 424910

RMP Fac ID ☒ N/A

TRI Fac ID ☒ N/A

Max # of occupants 5 ☒ 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 NANCY LARSON

Title RISK MGMT

Phone 402-694-7728 24-hour phone 402-694-7728

Email nlarson@auroracoop.com

**4b. Emergency Contact**

Name HEATH RHINE

Title MGR

Phone 785-446-2040 24-hour Phone 785-406-0154

Email hrhine@auroracoop.com

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

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

Email \_\_\_\_\_

**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 \_\_\_\_\_

**1. Reporting Period**

From January 1 to December 31, 2020

Page 1 of 3

**3a. Owner/Operator Identification**

Business Name AURORA COOP ELEVATOR CO

Address 2225 Q ST

City AURORA State NE Zip 68818

Business Phone 402-694-2106 Country USA

Submitter NANCY LARSON

Email nlarson@auroracoop.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 \_\_\_\_\_

**6. Optional Attachments**

☐ Site Plan

☐ Description of Dikes

☐ Site Coordinate Abbreviations

☐ Other Safeguard Measures

Page 2 of 3

Chemical Description		Physical Hazards		Health Hazards		Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: GRAMOXONE 2.0  CAS #: NONE  EHS: <input checked="" 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 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 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		<div> <div>Container Type</div> <div>Pressure</div> <div>Ambient Pressure</div> <div>Ambient temperature</div> <div> <input type="checkbox"/> N WALL OF WHSE           </div> </div> <div> <div>200</div> <div>200</div> <div>365</div> <div> <input type="checkbox"/> Optional Report           </div> </div> <div> <div>Maximum Daily Amount (lbs)</div> <div>Average Daily Amount (lbs)</div> <div>Number of Days on Site</div> </div>			
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		<div> <div>Container Type</div> <div>Pressure</div> <div>Temperature</div> <div> <input type="checkbox"/> </div> </div> <div> <div>200</div> <div>200</div> <div>365</div> <div> <input type="checkbox"/> Optional Report           </div> </div> <div> <div>Maximum Daily Amount (lbs)</div> <div>Average Daily Amount (lbs)</div> <div>Number of Days on Site</div> </div>			



