



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, 2020 Page 1 of 3

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

Name CENTRAL VALLEY AG COOP-CONCORDIA PROPANE

Street Address 1300 RUST RD

Latitude 39.5740500 Longitude -97.6877150

City CONCORDIA County CLOUD State KS Zip

Phone 785-243-3394

NAICS 424590

RMP Fac ID ☒ N/A

TRI Fac ID ☒ N/A

Max # of occupants ☐ Married ☒ Unmarried

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 LARRY CLEMONS Title REG/COMPL COORD

Phone 785-738-0799 24-hour phone 785-534-2659

Email larry.clemmons@cvacoop.com

4b. Emergency Contact

Name MARLIN OUELLETTE Title LOCATION MGR

Phone 785-243-3394 24-hour phone 785-243-0180

Email marlin.ouellette@cvacoop.com

Name KARL SERRIEN Title ENERGY OPS MGR

Phone 785-392-4923 24-hour phone 785-392-4923

Email karl.serrien@cvacoop.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.

Larry Clemmons Regulatory Spec.

Name and official title of owner/operator or authorized representative

2/26/2021 Date

Larry Clemmons Signature

3a. Owner/Operator Identification

Business Name CENTRAL VALLEY AG COOP

Address PO BOX 568

City BELOIT State KS Zip 67420

Business Phone 785-738-2241 Country USA

Submitter LARRY CLEMONS

Email larry.clemmons@cvacoop.com

Dun & Bradstreet 006942486

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

Business Name

Address

City State KS 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

8. Chemical Information

Page 2 of 3

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: PROPANE CAS #: 74-98-6 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 checked="" 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 checked="" type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type Above Ground Tank Pressure Greater than ambient pressure Temperature Ambient temperature Storage Location <input type="checkbox"/> BULK TANKS ON SITE	14,400 Maximum Daily Amount (lbs) 10,500 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	Container Type Pressure Temperature Storage Location	Container Type Pressure Temperature Storage Location	Container Type Pressure Temperature Storage Location	

☐ Optional Report

Number of Days on Site

Maximum Daily Amount (lbs)

Average Daily Amount (lbs)

Number of Days on Site

Maximum Daily Amount (lbs)

Average Daily Amount (lbs)

Number of Days on Site

Maximum Daily Amount (lbs)

Average Daily Amount (lbs)

Number of Days on Site

Maximum Daily Amount (lbs)

Average Daily Amount (lbs)

Number of Days on Site

Maximum Daily Amount (lbs)

Average Daily Amount (lbs)

Number of Days on Site

Maximum Daily Amount (lbs)

Average Daily Amount (lbs)

Number of Days on Site

Maximum Daily Amount (lbs)

Average Daily Amount (lbs)

Number of Days on Site

Maximum Daily Amount (lbs)

Average Daily Amount (lbs)

Number of Days on Site

Maximum Daily Amount (lbs)

MIXTURE COMPONENT INFORMATION FORM

Chemical Name: PROPANE

CAS #: 74-98-6

Mixture Component Chemicals	%	CAS #	EHS
Propane	100	74-98-6	<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"/>
			<input type="checkbox"/>

Chemical Name:

CAS #:

Mixture Component Chemicals	%	CAS #	EHS
			<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"/>
			<input type="checkbox"/>

Chemical Name:

CAS #:

Mixture Component Chemicals	%	CAS #	EHS
			<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"/>
			<input type="checkbox"/>

Chemical Name:

CAS #:

Mixture Component Chemicals	%	CAS #	EHS
			<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"/>
			<input type="checkbox"/>