



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

1. Reporting Period	Page <u>1</u> of <u>7</u>
From January 1 to December 31, <u>2021</u>	

Important: Read all instructions before completing form

<p>2. Facility Identification 2a. New Facility <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Name <u>NUSTAR ENERGY-CONCORDIA TERMINAL</u></p> <p>Street Address <u>1612 DEER RD</u></p> <p>Latitude <u>39.3641100</u> Longitude <u>-97.6267800</u></p> <p>City <u>DELPHOS</u> County <u>CLOUD</u> State <u>KS</u> Zip <u>67436</u></p> <p>Phone <u>785-243-2771</u></p> <p>NAICS <u>486910</u></p> <p>RMP Fac ID <input checked="" type="checkbox"/> N/A</p> <p>TRI Fac ID <input checked="" type="checkbox"/> N/A</p> <p>Max # of occupants <u>2</u> <input checked="" type="checkbox"/> Manned <input type="checkbox"/> Unmanned</p> <p>Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Subject to Chemical Accident Prevention under Section 112r of CAA (40 CFR part 68)?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>3a. Owner/Operator Identification</p> <p>Business Name <u>NUSTAR PIPELINE OPERATING PARTNE</u></p> <p>Address <u>7340 W 21ST ST N SUITE 200</u></p> <p>City <u>WICHITA</u> State <u>KS</u> Zip <u>67205</u></p> <p>Business Phone <u>316-293-0802</u> Country <u>USA</u></p> <p>Submitter <u>Nathan Collett</u></p> <p>Email <u>Nathan.Collett@nustarenergy.com</u></p> <p>Dun & Bradstreet <u>801678061</u></p> <p>3b. Mailing Address if different from Owner/Operator Address</p> <p>Business Name _____</p> <p>Address _____</p> <p>City _____ State <u>KS</u> Zip _____</p> <p>ATTN _____</p> <p>Phone _____</p>						
<p>4a. Tier II Contact</p> <p>Name <u>NATHAN COLLETT</u> Title <u>AREA HSE SUPV</u></p> <p>Phone <u>316-293-0802</u> 24-hour phone <u>800-759-0033</u></p> <p>Email <u>Nathan.Collett@nustarenergy.com</u></p> <p>4b. Emergency Contact</p> <p>Name <u>TRACY WALLICK</u> Title <u>REGIONAL OPS MGR</u></p> <p>Phone <u>402-759-5553</u> 24-hour Phone <u>800-759-0033</u></p> <p>Email <u>tracy.sallick@nustarenergy.com</u></p> <p>Name <u>LARRY LOSEKE</u> Title <u>OPS MGR</u></p> <p>Phone <u>402-759-5554</u> 24-hour Phone <u>800-759-0033</u></p> <p>Email <u>larry.loseke@nustarenergy.com</u></p>	<p>5. Section Reporting: Please check as appropriate</p> <p><input checked="" type="checkbox"/> Section 312 <input type="checkbox"/> Section 311 <input type="checkbox"/> Section 302</p> <p><input checked="" type="checkbox"/> Annual <input type="checkbox"/> Revision <input type="checkbox"/> Identical to last year</p> <p>For Official Use Only</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Facility ID #</th> <th style="width: 33%;">Parent ID #</th> <th style="width: 33%;">Entered by</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Facility ID #	Parent ID #	Entered by			
Facility ID #	Parent ID #	Entered by					
<p>6. Optional Attachments</p> <p><input type="checkbox"/> Site Plan <input type="checkbox"/> Description of Dikes</p> <p><input type="checkbox"/> Site Coordinate Abbreviations <input type="checkbox"/> Other Safeguard Measures</p>							
<p>7. Certification (Read and sign after completing all Sections)</p> <p>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.</p> <p>_____ Name and official title of owner/operator or authorized representative</p> <p>_____ Date</p> <p>_____ Signature</p>							

8. Chemical Information

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
			Container Type	Pressure	Temperature	Storage Location
Chemical Name: DISTILLATE FUEL CAS #: 68476-34-6 EHS: <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<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 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 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 checked="" type="checkbox"/> Hazard not otherwise classified	Above Ground Tank	Ambient pressure	Ambient temperature	<input type="checkbox"/> STORAGE TANK 10-15, 10-16 & 15-4
						<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"/>
_____ 15,077,000 _____ Maximum Daily Amount (lbs)						
_____ 7,538,500 _____ Average Daily Amount (lbs)						
_____ 365 _____ Number of Days on Site						
<input type="checkbox"/> Optional Report						
Chemical Name: ETHANOL CAS #: 64-17-5 EHS: <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<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 type="checkbox"/> Skin corrosion or irritation <input 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 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	Above Ground Tank	Ambient pressure	Ambient temperature	<input type="checkbox"/> Storage Tank 10-14
						<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"/>
_____ 2,294,108 _____ Maximum Daily Amount (lbs)						
_____ 1,147,054 _____ Average Daily Amount (lbs)						
_____ 365 _____ Number of Days on Site						
<input type="checkbox"/> Optional Report						

8. Chemical Information

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations			
			Container Type	Pressure	Temperature	Storage Location
Chemical Name: GASOLINE CAS #: 86290-81-5 EHS: <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<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 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 checked="" type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> if Confidential			
			Above Ground Tank	Ambient pressure	Ambient temperature	<input type="checkbox"/> STORAGE TANK 10-35 & 25-2
						<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"/>
			_____ 8,862,000 _____ Maximum Daily Amount (lbs) _____ 4,431,000 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			
Chemical Name: GASOLINE/DISTILLATE INTERFACE CAS #: none EHS: <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<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 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 checked="" type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> if Confidential			
			Above Ground Tank	Ambient pressure	Ambient temperature	<input type="checkbox"/> STORAGE TANK 1-2
						<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"/>
			_____ 46,683 _____ Maximum Daily Amount (lbs) _____ 23,342 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			

8. Chemical Information

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
			Container Type	Pressure	Temperature	Storage Location
Chemical Name: HITEC 6590 CAS #: EHS: <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<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 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 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	Above Ground Tank	Ambient pressure	Ambient temperature	<input type="checkbox"/> ADDITIVE CONTAINMENT AREA
						<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"/>
			_____ 13,550 _____ Maximum Daily Amount (lbs)			
			_____ 6,775 _____ Average Daily Amount (lbs)			
			_____ 365 _____ Number of Days on Site			
			<input type="checkbox"/> Optional Report			
Chemical Name: HITEC 6676 CAS #: EHS: <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<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 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 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	Above Ground Tank	Ambient pressure	Ambient temperature	<input type="checkbox"/> ADDITIVE CONTAINMENT AREA
						<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"/>
			_____ 13,564 _____ Maximum Daily Amount (lbs)			
			_____ 6,782 _____ Average Daily Amount (lbs)			
			_____ 365 _____ Number of Days on Site			
			<input type="checkbox"/> Optional Report			

8. Chemical Information

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations			
			Container Type	Pressure	Temperature	Storage Location
Chemical Name: NEMO 1124E CAS #: EHS: <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<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 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 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	<input type="checkbox"/> if Confidential			
			Above Ground Tank	Ambient pressure	Ambient temperature	<input type="checkbox"/> Aditive containment area
						<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"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
			_____ 13,594 _____ Maximum Daily Amount (lbs) _____ 6,797 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			
Chemical Name: CAS #: EHS: <input type="checkbox"/> Yes <input type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable): <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input 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 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	<input type="checkbox"/> if Confidential			
						<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"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
			_____ Maximum Daily Amount (lbs) _____ Average Daily Amount (lbs) _____ Number of Days on Site <input type="checkbox"/> Optional Report			

MIXTURE COMPONENT INFORMATION FORM

Chemical Name: DISTILLATE FUEL

CAS #: 68476-34-6

Mixture Component Chemicals	%	CAS #	EHS
Diesel	85-95	68476-34-6	<input type="checkbox"/>
Octane (All Isomers)	1-2	111-65-9	<input type="checkbox"/>
n-Nonane	1-3	111-84-2	<input type="checkbox"/>
n-Heptane	1-2	142-82-5	<input type="checkbox"/>
Hexane (Other Isomers)	1-2	mixture	<input type="checkbox"/>
Naphthalene	1-3	91-20-3	<input type="checkbox"/>
n-Hexane	1-2	110-54-3	<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: ETHANOL

CAS #: 64-17-5

Mixture Component Chemicals	%	CAS #	EHS
Natural Gasoline	2-5	8006-61-9	<input type="checkbox"/>
Ethyl Alcohol	95-98	64-17-5	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: GASOLINE

CAS #: 86290-81-5

Mixture Component Chemicals	%	CAS #	EHS
1,2,4-Trimethylbenzene	0-6	95-63-6	<input type="checkbox"/>
n-Heptane	1-5	142-82-5	<input type="checkbox"/>
Xylene (o,m,p isomers)	0-25	1330-20-7	<input type="checkbox"/>
Toluene	0-30	108-88-3	<input type="checkbox"/>
Hexane (Other Isomers)	5-25	Mixture	<input type="checkbox"/>
Gasoline	0-100	86290-81-5	<input type="checkbox"/>
Ethanol	0-10	64-17-5	<input type="checkbox"/>
Octane (All Isomers)	0-18	111-65-9	<input type="checkbox"/>

Chemical Name: GASOLINE/DISTILLATE INTERFACE

CAS #: none

Mixture Component Chemicals	%	CAS #	EHS
Gasoline	50	86290-81-5	<input type="checkbox"/>
Diesel	50	68476-34-6	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

MIXTURE COMPONENT INFORMATION FORM

Chemical Name: HITEC 6590

CAS #:

Mixture Component Chemicals	%	CAS #	EHS
Polyolefin alkyl phenol alkyl amine	30-60	proprietary	<input type="checkbox"/>
Benzene, 1,2,4-trimethyl..	20-30	95-63-6	<input type="checkbox"/>
Benzene, 1,3,5-trimethyl-	5-10	108-67-8	<input type="checkbox"/>
N-Propylbenzene	5-10	103-65-1	<input type="checkbox"/>
Xylene	1-5	1330-20-7	<input type="checkbox"/>
2-Ethyl hexanol	1-5	104-76-7	<input type="checkbox"/>
Cumene	1-5	98-82-8	<input type="checkbox"/>
Solvent naphtha (petroleum), light aromatic	30-60	64742-95-6	<input type="checkbox"/>

Chemical Name: HITEC 6676

CAS #:

Mixture Component Chemicals	%	CAS #	EHS
1,3,5-Trimethylbenzene	5-10	108-67-8	<input type="checkbox"/>
1,2,4-Trimethylbenzene	20-30	95-63-6	<input type="checkbox"/>
Polyolefin alkyl phenol alkyl amine	30-60	proprietary	<input type="checkbox"/>
Light aromatic solvent naphtha	30-60	64742-95-6	<input type="checkbox"/>
Xylene	1-5	1330-20-7	<input type="checkbox"/>
Cumene	1-5	98-82-8	<input type="checkbox"/>
2-Ethylhexanol	1-5	104-76-7	<input type="checkbox"/>
N-Propylbenzene	5-10	103-65-1	<input type="checkbox"/>

Chemical Name: NEMO 1124E

CAS #:

Mixture Component Chemicals	%	CAS #	EHS
Solvent naphtha, (petroleum) light aromatic	30-60	64742-95-6	<input type="checkbox"/>
Polyolefin alkyl phenol alkyl amine	20-30	proprietary	<input type="checkbox"/>
Benzene, 1,2,4-trimethyl-	10-20	95-63-6	<input type="checkbox"/>
Benzene, 1, 3, 5-trimethyl	5-10	108-67-8	<input type="checkbox"/>
N-Propylbenzene	5-9	103-65-1	<input type="checkbox"/>
2-Ethyl hexanol	1-5	104-76-7	<input type="checkbox"/>
Xylene	1-5	1330-20-7	<input type="checkbox"/>
Cumene	1-5	98-82-8	<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"/>