



Kansas
 Department of Health and Environment

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 CENTRAL VALLEY AG COOP-COUNTRY CORNER STA
 Street Address 5TH AND BROADWAY
 Latitude 39.5724070 Longitude -97.6595890
 City CONCORDIA County CLOUD State KS Zip 66935
 Phone (785) 243-3394
 NAICS 447190
 RMP Fac ID _____ N/A
 TRI Fac ID _____ N/A
 Max # of occupants _____ 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 LARRY CLEMONS Title REG/COMPL COORD
 Phone 785-738-0799 24-hour phone 785-534-2659
 Email larry.clemons@cvacoop.com

4b. Emergency Contact
 Name GREG GERMANN Title LOCATION MGR
 Phone (785)243-3394 24-hour Phone (785)738-7678
 Email greg.germann@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.

Name and official title of owner/operator or authorized representative Larry Clemens Regulatory Specialist Date 3/2/2020

1. Reporting Period From January 1 to December 31, 2019 Page 1 of 3

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.clemons@cvacoop.com
 Dun & Bradstreet 006942486

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

Business Name _____
 Address _____ State KS Zip _____
 City _____
 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

Larry Clemens Signature

MIXTURE COMPONENT INFORMATION FORM

Chemical Name: UNLEADED GASOLINE

CAS #: 8006-61-9

Mixture Component Chemicals	%	CAS #	EHS
Gasoline, natural	100	8006-61-9	<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"/>
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Chemical Name:

CAS #:

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

CAS #:

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