



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

1. Reporting Period
 From January 1 to December 31, 2019

Page 1 of 3

2. Facility Identification 2a. New Facility Yes No

3a. Owner/Operator Identification

Name CENTRAL VALLEY AG COOP-MILTONVALE

Business Name CENTRAL VALLEY AG COOP

Street Address 113 SE FIRST ST

Address PO BOX 568

Latitude 39.3484900 Longitude -97.4460700

City BELOIT State KS Zip 67420

City MILTONVALE county CLOUD State KS Zip 67466

Business Phone 785-738-2241 Country USA

Phone 785-527-2271

Submitter LARRY CLEMONS

NAICS 424510 N/A

Email larry.clemons@cvacoop.com

RMP Fac ID 1000 0005 6119 N/A

Dun & Bradstreet 006942486

Max # of occupants 1 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

5. Section Reporting: Please check as appropriate

Name LARRY CLEMONS Title REG/COMPL COORD

Section 312 Section 311 Section 302

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

Annual Revision Identical to last year

Email larry.clemons@cvacoop.com

4b. Emergency Contact

For Official Use Only

Name WALTER REICHERT Title LOCATION MGR

Facility ID # Parent ID # Entered by

Phone 785-632-1702 24-hour Phone 785-534-0977

Site Plan Description of Dikes

Email Walter.Reichert@cvacoop.com

Site Coordinate Abbreviations Other Safeguard Measures

Name RUSTY MOREHEAD Title Region Manager

6. Optional Attachments

Phone 785-275-3022 24-hour Phone 785-275-3022

Site Plan Description of Dikes

Email rusty.morehead@cvacoop.com

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 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 3/2/2020 Date

Signature
 Larry Clemens

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations																																																
Chemical Name: DIESEL 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"/> 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 type="checkbox"/> Germ cell mutagenicity <input checked="" 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	Storage Types & Locations <input type="checkbox"/> If Confidential <table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> BULK FUEL STORAGE</td> </tr> <tr> <td>Below Ground Tank</td> <td>Ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> BULK STORAGE UNDERGROUND <input type="checkbox"/> EAST OF OFFICE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> 72,000 _____ Maximum Daily Amount (lbs) 38,828 _____ Average Daily Amount (lbs) 365 _____ Number of Days on Site <input checked="" type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Ambient pressure	Ambient temperature	<input type="checkbox"/> BULK FUEL STORAGE	Below Ground Tank	Ambient pressure	Ambient temperature	<input type="checkbox"/> BULK STORAGE UNDERGROUND <input type="checkbox"/> EAST OF OFFICE																																				
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Chemical Name: GASOLINE CAS #: 8006-61-9 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 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 checked="" 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 type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Storage Types & Locations <input type="checkbox"/> If Confidential <table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> BULK FUEL TANK</td> </tr> <tr> <td>Below Ground Tank</td> <td>Ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> BULK FUEL TANK UNDERGROUND <input type="checkbox"/> EAST OF OFFICE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> 65,700 _____ Maximum Daily Amount (lbs) 45,301 _____ Average Daily Amount (lbs) 365 _____ Number of Days on Site <input checked="" type="checkbox"/> Optional Report	Container Type	Pressure	Temperature	Storage Location	Above Ground Tank	Ambient pressure	Ambient temperature	<input type="checkbox"/> BULK FUEL TANK	Below Ground Tank	Ambient pressure	Ambient temperature	<input type="checkbox"/> BULK FUEL TANK UNDERGROUND <input type="checkbox"/> EAST OF OFFICE																																				
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MIXTURE COMPONENT INFORMATION FORM

Chemical Name: DIESEL

CAS #: 68476-34-6

Mixture Component Chemicals	%	CAS #	EHS
Fuels, diesel	100	68476-34-6	<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: 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"/>
			<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"/>
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