



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 ITC GREAT PLAINS - ELM CREEK
 Street Address 2050 NOBLE ROAD Longitude -97.5457000
 Latitude 39.5040000 City AURORA County CLOUD State KS Zip 67471
 Phone 248-380-2952
 NAICS 221121
 RMP Fac ID N/A
 TRI Fac ID N/A
 Max # of occupants 2 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 MIKE MCNULTY Title ENV MGR
 Phone 248-946-3392 24-hour phone 313-304-5740
 Email mmcnulty@itctransco.com

4b. Emergency Contact

Name ON DUTY/ITC TSC Title SHIFT SUPV
 Phone 866-414-3751 24-hour Phone 866-414-3751
 Email senior@itctransco.com
 Name SENIOR TSC Title TSC
 Phone 248-380-2933 24-hour Phone 248-380-2933
 Email senior@itctransco.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 _____ and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Mike McNulty

2/20/2021

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 2

3a. Owner/Operator Identification

Business Name ITC GREAT PLAINS
 Address 27175 ENERGY WAY
 City NOVI State MI Zip 48377
 Business Phone 248-946-3000 Country USA
 Submitter MICHAEL MCNULTY
 Email mmcnulty@itctransco.com
 Dun & Brodstreet 007763830

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

8. Chemical Information

Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential																																			
<p>Chemical Name: SULFURIC ACID</p> <p>CAS #: 7664-93-9</p> <p>EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>EHS Name (if applicable):</p> <p>EHS CAS # (if applicable):</p>	<p><input checked="" type="checkbox"/> Explosive</p> <p><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)</p> <p><input type="checkbox"/> Oxidizer (gas, liquid, or solid)</p> <p><input type="checkbox"/> Self-reactive</p> <p><input type="checkbox"/> Pyrophoric (liquid or solid)</p> <p><input type="checkbox"/> Pyrophoric gas</p> <p><input type="checkbox"/> Self-heating</p> <p><input type="checkbox"/> Organic peroxide</p> <p><input type="checkbox"/> Corrosive to metal</p> <p><input type="checkbox"/> Gas under pressure (compressed gas)</p> <p><input checked="" type="checkbox"/> In contact with water emits flammable gas</p> <p><input type="checkbox"/> Combustible Dust</p> <p><input type="checkbox"/> Hazard not otherwise classified</p>	<p><input checked="" type="checkbox"/> Acute toxicity (any route of exposure)</p> <p><input checked="" type="checkbox"/> Skin corrosion or irritation</p> <p><input checked="" type="checkbox"/> Serious eye damage or eye irritation</p> <p><input checked="" type="checkbox"/> Respiratory or skin sensitization</p> <p><input type="checkbox"/> Germ cell mutagenicity</p> <p><input checked="" type="checkbox"/> Carcinogenicity</p> <p><input type="checkbox"/> Reproductive toxicity</p> <p><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)</p> <p><input type="checkbox"/> Aspiration hazard</p> <p><input type="checkbox"/> Simple asphyxiant</p> <p><input type="checkbox"/> Hazard not otherwise classified</p>	<table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Battery</td> <td>Ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> CONTROL CENTER - BATTERIES</td> </tr> <tr> <td colspan="4"> <p>1,855 _____ Maximum Daily Amount (lbs)</p> <p>1,855 _____ Average Daily Amount (lbs)</p> <p>365 _____ Number of Days on Site</p> </td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Optional Report</td> </tr> </tbody> </table>				Container Type	Pressure	Temperature	Storage Location	Battery	Ambient pressure	Ambient temperature	<input type="checkbox"/> CONTROL CENTER - BATTERIES	<p>1,855 _____ Maximum Daily Amount (lbs)</p> <p>1,855 _____ Average Daily Amount (lbs)</p> <p>365 _____ Number of Days on Site</p>				<input type="checkbox"/> Optional Report																			
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