



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 AT&T/SWB - CONCORDIA CO/SOC - K56416
 Street Address 1004 BROADWAY
 Latitude 39.5675000 Longitude -97.6597000
 City CONCORDIA County CLOUD State KS Zip 66901-4314
 Phone 800-566-9347
 NAICS 517311
 RMP Fac ID _____ N/A
 TRI Fac ID _____ N/A
 Max # of occupants 4 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 JEREMY MCGRUE Title NATIONAL EPCRA MGR
 Phone 214-464-1712 24-hour phone 800-566-9347
 Email jeremy.mcgrue@att.com

4b. Emergency Contact
 Name Charles Berry Title Property Manager
 Phone 501-776-4330 24-hour Phone 501-538-5972
 Email cb4375@att.com

Name Jeremy McGruie Title National EPCRA Manager
 Phone 214-464-1712 24-hour Phone 800-566-9347
 Email jeremy.mcgrue@att.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.

Jeremy McGruie, National EPCRA Manager

Name and official title of owner/operator or authorized representative _____ Date **1/7/2022** Signature

1. Reporting Period
 From January 1 to December 31, 2021 Page 1 of 2

3a. Owner/Operator Identification

Business Name SOUTHWESTERN BELL (AT&T)
 Address 308 S AKARD ST 17TH FLOOR State TX Zip 75202
 City DALLAS
 Business Phone 800-566-9347 Country USA
 Submitter JEREMY MCGRUE
 Email g43573@att.com
 Dun & Bradstreet 006980800

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

Business Name _____
 Address _____ State TX 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

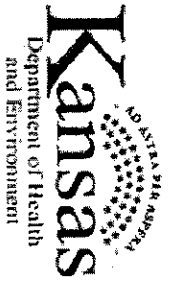
Facility ID # _____ Parent ID # _____ Entered by _____

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			
			Container Type	Pressure	Temperature	Storage Location
			Battery	Ambient pressure	Ambient temperature	<input type="checkbox"/> BATTERY ROOM
			Battery	Ambient pressure	Ambient temperature	<input type="checkbox"/> W/ ENGINE
Chemical Name: LEAD CAS #: 7439-92-1 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable):	<input checked="" 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 <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input checked="" 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 checked="" 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	<input type="checkbox"/> Optional Report 15,078 _____ Maximum Daily Amount (lbs) 15,078 _____ Average Daily Amount (lbs)			
Chemical Name: SULFURIC ACID CAS #: 7664-93-9 EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable):	<input checked="" 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 <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input checked="" 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 checked="" 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	<input type="checkbox"/> Optional Report 1,788 _____ Maximum Daily Amount (lbs) 1,788 _____ Average Daily Amount (lbs)			
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Optional Report 365 _____ Number of Days on Site			



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1. Reporting Period
 From January 1 to December 31, 2021
 Page 1 of 2

2. Facility Identification

2a. New Facility Yes No
 Name AT&T RICE - USID131354
 Street Address 1702 NORTH 210TH ROAD
 Latitude 39.5564000 Longitude -97.5358000
 City CONCORDIA County CLOUD State KS Zip 66901
 Phone 800-566-9347
 NAICS 517312
 RMP Fac ID N/A
 TRI Fac ID N/A
 Max # of occupants 0 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 JEREMY MCGRUE Title NATIONAL EPCRA MGR
 Phone 214-464-1712 24-hour phone 800-566-9347
 Email jeremy.mcgrue@att.com
 Name MNOG HOTLINE Title IMS/EPCRA EMER CONTACT
 Phone 800-638-2822 24-hour phone 800-638-2822
 Email g43573@att.com

4b. Emergency Contact

Name JEREMY MCGRUE Title NATIONAL EPCRA MGR
 Phone 214-464-1712 24-hour phone 800-566-9347
 Email jeremy.mcgrue@att.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.

Name and official title of owner/operator or authorized representative **Jeremy McGrue, National EPCRA Manager**
 Date **1/7/2022**
 Signature

3a. Owner/Operator Identification

Business Name NEW CINGULAR WIRELESS PCS LLC
 Address 308 S AKARD ST 17TH FLOOR
 City Dallas State TX Zip 75202
 Business Phone 800-566-9347 Country USA
 Submitter JEREMY MCGRUE
 Email g43573@att.com
 Dun & Bradstreet 102026754

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

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Facility ID # _____ Parent ID # _____ Entered by _____

6. Optional Attachments

Site Plan Description of Dikes
 Site Coordinate Abbreviations Other Safeguard Measures

