 Check if information below is identical to the information submitted last year. **Reporting Period:** January 1 to December 31, 20

|  |  |  |
| --- | --- | --- |
| **Confidential Location Information Sheet**  **Tier Two**  **Emergency and Hazardous Chemical Inventory**  *Specific Information by Chemical* | | ***For Official Use Only***  ***State ID#:***  ***Date Received*** |
| **Facility Identification** | | |
| *Name Maximum No. of Occupants:*  Manned Unmanned   N/A | | |
| *Street County City State Zip* | | |
| *Latitude Longitude NAICS Code Phone Number (optional)*  ( ) | | |
| *Dun & Bradstreet Number TRI Facility ID: RMP Facility ID:*   N/A  N/A | | |
| Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?  Yes  No | | |
| Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)?  Yes  No | | |
| **Owner or Operator Information** | **Parent Company Information (optional)** | |
| *Name* | *Name Dun & Bradstreet Number:* | |
| *Address* | *Address* | |
| *Phone Number Email*  ( ) | *Phone Number Email*  ( ) | |
| **Facility Emergency Coordinator (if applicable) Tier II Information Contact** | | |
| *Name Title* | *Name Title* | |
| *Email Address* | *Email Address* | |
| *Phone Number 24-hour Phone*  ( ) ( ) | *Phone Number*  ( ) | |
| **Emergency Contacts** | | |
| *Name* | *Name* | |
| *Title* | *Title* | |
| *Phone Number 24-hour Phone*  ( ) ( ) | *Phone Number 24-hour Phone*  ( ) ( ) | |
| *Email Address* | *Email Address* | |
| **Certification** *(Read and sign after completing all sections)* | **Reporting Ranges**  **Weight Range in pounds** | |
| I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through  , and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.  Name and official title of owner/operator OR owner/operator’s authorized representative  Signature Date Signed | **Range Code From To** | |
| 01 0 99  02 100 499  03 500 999  04 1,000 4,999  05 5,000 9,999  06 10,000 24,999  07 25,000 49,999  08 50,000 74,999  09 75,000 99,999  10 100,000 499,999  11 500,000 999,999  12 1,000,000 9,999,999  13 10,000,000 Greater than 10 million | |
| The public reporting and recordkeeping burden for this collection of information is estimated to range from 10 to 120 hours per response. Send comments on  the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden,  including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T),  1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this  address. | | |

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Expiration Date: 12/31/2018

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| --- | --- | --- | --- | --- | --- | --- |
| **Physical and Storage Additional Chemical Description Health Inventory Type of Conditions Storage Reporting Hazards Storage (Pressure, Locations Information**  **Temperature) (Optional)** | | | | | | |
|  Check if information below is identical to the information submitted last year.  **Chemical Name:**  CAS No.  EHS: Yes  No    Solid  Liquid  Gas  Trade Secret |  Fire   Sudden Release of Pressure   Reactive   Immediate  (Acute)   Delayed  (Chronic) | Maximum Amount  **Range Code:** |  |  | Confidential:   Yes  No |  Below Reporting Thresholds (optional)   State or Local  Requirements |
| Average Daily Amount **Range Code:** |
| No. of days on site: |
|  | | | | | |  |
|  Check if information below is identical to the information submitted last year.  **Mixture or Product Name:**  **CAS No.**  **Not Available**   Solid  Liquid  Gas  Trade Secret  EHS: Yes  No  |  Fire   Sudden Release of Pressure   Reactive   Immediate  (Acute)   Delayed  (Chronic) | Maximum Amount (Total Mixture) **Range Code:** |  |  | Confidential:   Yes  No |  Below Reporting Thresholds (optional)   State or Local  Requirements |
| Average Daily Amount (Total Mixture) **Range Code:** |
| EHS(s) Name (if applicable):  CAS No. | No. of days on site: |
| Maximum Amount of each EHS in the Mixture  **Range Code:** |
| Non-EHS(s) Name (optional): |

**Optional Attachments:**  I have attached a site plan  I have attached a list of site coordinate abbreviations

 I have attached a description of dikes and other safeguard measures