

Check if information below is identical to the information submitted last year.

Reporting Period: January 1 to December 31, 20

<b>Tier Two</b> <b>Emergency and Hazardous Chemical Inventory</b> <i>Specific Information by Chemical</i>	<b>For Official Use Only</b> State ID#: Date Received
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**Facility Identification**

Name <i>The Water Hole</i>	Maximum No. of Occupants: <input type="checkbox"/> N/A	<input type="checkbox"/> Manned	<input type="checkbox"/> Unmanned
Street <i>401 SE OLDHAM PKWY</i>	County <i>JACKSON</i>	City <i>Lees Summit</i>	State Zip <i>MO 64081</i>
Latitude	Longitude	NAICS Code	Phone Number (optional) ( )
Dun & Bradstreet Number	TRI Facility ID: <input type="checkbox"/> N/A	RMP Facility ID: <input type="checkbox"/> 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 <i>Amanda Lamison</i>	Name <i>Amanda Lamison</i>
Address <i>27600 E Truman Rd Indep MO</i>	Dun & Bradstreet Number:
Phone Number <i>(816) 810 5094</i>	Address
Email <i>amandamlamison@gmail.com</i>	Phone Number ( )
	Email

Facility Emergency Coordinator (if applicable)	Tier II Information Contact
Name <i>Amanda Lamison</i>	Name <i>Amanda Lamison</i>
Title <i>owner</i>	Title
Email Address	Email Address
Phone Number ( )	Phone Number ( )
24-hour Phone ( )	

**Emergency Contacts**

Name <i>James Lamison</i>	Name <i>NICK lee</i>
Title <i>owner</i>	Title <i>owner</i>
Phone Number <i>(816) 456 7645</i>	Phone Number <i>(816) 547 4965</i>
24-hour Phone ( )	24-hour Phone ( )
Email Address <i>jlamison3397@gmail.com</i>	Email Address <i>i.nick57@yahoo.com</i>

**Certification (Read and sign after completing all sections)**

*Amanda Lamison*  
 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.

*Amanda Lamison owner*  
 Name and official title of owner/operator OR owner/operator's authorized representative

*Amanda Lamison*      *12/16/22*  
 Signature                      Date Signed

Reporting Ranges Weight Range in pounds		
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 6 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.

Chemical Description	Physical Hazards	Health Hazards	Inventory	Type of Storage	Storage Conditions (Pressure, Temperature)	Storage Locations	Additional Reporting Information (Optional)
<input type="checkbox"/> Check if information below is identical to the information submitted last year. Chemical Name: <i>Bromine</i> CAS No. _____ EHS: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input checked="" type="checkbox"/> Oxidizer (liquid, solid or gas) <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 checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input 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	Maximum Amount Range Code: <i>200 lbs</i> Average Daily Amount Range Code: <i>100 lbs</i> No. of days on site: <i>365</i>	<i>Bothrd</i>	<i>70 F Inside</i>	Confidential: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>Stelving and Storage</i>	<input type="checkbox"/> Below Reporting Thresholds (optional) <input type="checkbox"/> State or Local Requirements
<input type="checkbox"/> Check if information below is identical to the information submitted last year. Mixture or Product Name: <i>Con Hypo</i> CAS No. _____ <input type="checkbox"/> Not Available <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Trade Secret EHS: Yes <input type="checkbox"/> No <input type="checkbox"/> EHS(S) Name (if applicable): _____ CAS No. _____ Non-EHS(S) Name (optional): _____	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input checked="" type="checkbox"/> Oxidizer (liquid, solid or gas) <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 checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input 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	Maximum Amount (Total Mixture) Range Code: <i>1200 lbs</i> Average Daily Amount (Total Mixture) Range Code: _____ No. of days on site: <i>365</i> Maximum Amount of each EHS in the Mixture Range Code: _____	<i>bagged, bottled and buckets</i>	<i>70 F Inside</i>	Confidential: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>Stelving and Storage</i>	<input type="checkbox"/> Below Reporting Thresholds (optional) <input type="checkbox"/> State or Local Requirements

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

Chemical Description	Physical Hazards	Health Hazards	Inventory	Type of Storage	Storage Conditions (Pressure, Temperature)	Storage Locations	Additional Reporting Information (Optional)
<p><input type="checkbox"/> Check if information below is identical to the information submitted last year.</p> <p>Chemical Name: <i>Organic acid</i></p> <p>CAS No. _____</p> <p>EHS: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Trade Secret</p>	<p><input type="checkbox"/> Explosive</p> <p><input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)</p> <p><input type="checkbox"/> Oxidizer (liquid, solid or gas)</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 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 type="checkbox"/> Acute toxicity (any route of exposure)</p> <p><input type="checkbox"/> Skin corrosion or irritation</p> <p><input checked="" type="checkbox"/> Serious eye damage or eye irritation</p> <p><input type="checkbox"/> Respiratory or skin sensitization</p> <p><input type="checkbox"/> Germ cell mutagenicity</p> <p><input 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>	<p>Maximum Amount Range Code: <i>300115</i></p> <p>Average Daily Amount Range Code: <i>300115</i></p> <p>No. of days on site: <i>365</i></p>	<p><i>bottled</i></p>	<p><i>70°F inside</i></p>	<p>Confidential: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><i>Storage room and floor</i></p>	<p><input type="checkbox"/> Below Reporting Thresholds (optional)</p> <p><input type="checkbox"/> State or Local Requirements</p>
<p><input type="checkbox"/> Check if information below is identical to the information submitted last year.</p> <p>Mixture or Product Name: <i>17% peroxide</i></p> <p>CAS No. _____</p> <p><input type="checkbox"/> Not Available</p> <p><input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Trade Secret</p> <p>EHS: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>EHS(s) Name (if applicable): _____</p> <p>CAS No. _____</p> <p>Non-EHS(s) Name (optional): _____</p>	<p><input type="checkbox"/> Explosive</p> <p><input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)</p> <p><input checked="" type="checkbox"/> Oxidizer (liquid, solid or gas)</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 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 type="checkbox"/> Acute toxicity (any route of exposure)</p> <p><input type="checkbox"/> Skin corrosion or irritation</p> <p><input type="checkbox"/> Serious eye damage or eye irritation</p> <p><input type="checkbox"/> Respiratory or skin sensitization</p> <p><input type="checkbox"/> Germ cell mutagenicity</p> <p><input 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>	<p>Maximum Amount (Total Mixture) Range Code: <i>200 gallons</i></p> <p>Average Daily Amount (Total Mixture) Range Code: <i>200 gallons</i></p> <p>No. of days on site: <i>365</i></p> <p>Maximum Amount of each EHS in the Mixture Range Code: _____</p>	<p><i>bottled and bagged</i></p>	<p><i>75°F</i></p>	<p>Confidential: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><i>Storage room and floor</i></p>	<p><input type="checkbox"/> Below Reporting Thresholds (optional)</p> <p><input type="checkbox"/> State or Local Requirements</p>

Optional Attachments:

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Chemical Description	Physical Hazards	Health Hazards	Inventory	Type of Storage	Storage Conditions (Pressure, Temperature)	Storage Locations	Additional Reporting Information (Optional)
<p><input type="checkbox"/> Check if information below is identical to the information submitted last year.</p> <p><b>Chemical Name:</b> <i>potassium permanganate</i></p> <p><b>CAS No.:</b> <i>SMIFATE</i></p> <p>EHS: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Trade Secret</p>	<p><input type="checkbox"/> Explosive</p> <p><input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)</p> <p><input checked="" type="checkbox"/> Oxidizer (liquid, solid or gas)</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 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 type="checkbox"/> Respiratory or skin sensitization</p> <p><input type="checkbox"/> Germ cell mutagenicity</p> <p><input type="checkbox"/> Carcinogenicity</p> <p><input type="checkbox"/> Reproductive toxicity</p> <p><input checked="" 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>	<p>Maximum Amount Range Code: <i>1500 lbs</i></p> <p>Average Daily Amount Range Code: <i>750 lbs</i></p> <p>No. of days on site:</p>	<p><i>bottled</i></p>	<p><i>shelves and storage area</i></p> <p><i>70-F</i></p> <p><i>inside</i></p>	<p>Confidential: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p><input type="checkbox"/> Below Reporting Thresholds (optional)</p> <p><input type="checkbox"/> State or Local Requirements</p>
<p><input type="checkbox"/> Check if information below is identical to the information submitted last year.</p> <p><b>Mixture or Product Name:</b> <i>pin lower sodium bisulfate</i></p> <p><b>CAS No.:</b></p> <p><input type="checkbox"/> Not Available</p> <p><input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Trade Secret</p> <p>EHS: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>EHS(s) Name (if applicable):</p> <p>CAS No.:</p> <p>Non-EHS(s) Name (optional):</p>	<p><input type="checkbox"/> Explosive</p> <p><input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)</p> <p><input type="checkbox"/> Oxidizer (liquid, solid or gas)</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 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 type="checkbox"/> Acute toxicity (any route of exposure)</p> <p><input type="checkbox"/> Skin corrosion or irritation</p> <p><input checked="" type="checkbox"/> Serious eye damage or eye irritation</p> <p><input type="checkbox"/> Respiratory or skin sensitization</p> <p><input type="checkbox"/> Germ cell mutagenicity</p> <p><input 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>	<p>Maximum Amount (Total Mixture) Range Code: <i>1000 lbs</i></p> <p>Average Daily Amount (Total Mixture) Range Code: <i>400 lbs</i></p> <p>No. of days on site: <i>305</i></p> <p>Maximum Amount of each EHS in the Mixture Range Code:</p>	<p><i>bottled</i></p>	<p><i>shelves and storage area</i></p> <p><i>70-F</i></p> <p><i>inside</i></p>	<p>Confidential: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p><input type="checkbox"/> Below Reporting Thresholds (optional)</p> <p><input type="checkbox"/> State or Local Requirements</p>

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<p><input type="checkbox"/> Check if information below is identical to the information submitted last year.</p> <p>Chemical Name: <i>PCV1010</i></p> <p>CAS No. _____</p> <p>EHS: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Trade Secret</p>	<p><input type="checkbox"/> Explosive</p> <p><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)</p> <p><input checked="" type="checkbox"/> Oxidizer (liquid, solid or gas)</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 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 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 type="checkbox"/> Respiratory or skin sensitization</p> <p><input type="checkbox"/> Germ cell mutagenicity</p> <p><input type="checkbox"/> Carcinogenicity</p> <p><input type="checkbox"/> Reproductive toxicity</p> <p><input checked="" 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>	<p>Maximum Amount Range Code: <i>2000115</i></p> <p>Average Daily Amount Range Code: <i>1000115</i></p> <p>No. of days on site: <i>365</i></p>	<p><i>boxed and buckets</i></p>	<p><i>70°F inside</i></p>	<p>Confidential: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>in shelving and storage</i></p>	<p><input type="checkbox"/> Below Reporting Thresholds (optional)</p> <p><input type="checkbox"/> State or Local Requirements</p>
<p><input type="checkbox"/> Check if information below is identical to the information submitted last year.</p> <p>Mixture or Product Name: <i>MV1010 acid</i></p> <p>CAS No. _____</p> <p><input type="checkbox"/> Not Available</p> <p><input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Trade Secret</p> <p>EHS: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>EHS(S) Name (if applicable): _____</p> <p>CAS No. _____</p> <p>Non-EHS(s) Name (optional): _____</p>	<p><input type="checkbox"/> Explosive</p> <p><input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)</p> <p><input checked="" type="checkbox"/> Oxidizer (liquid, solid or gas)</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 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 type="checkbox"/> Carcinogenicity</p> <p><input type="checkbox"/> Reproductive toxicity</p> <p><input checked="" 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>	<p>Maximum Amount (Total Mixture) Range Code: <i>80 gallons</i></p> <p>Average Daily Amount (Total Mixture) Range Code: <i>15 gallons</i></p> <p>No. of days on site: _____</p> <p>Maximum Amount of each EHS in the Mixture Range Code: _____</p>	<p><i>packaged by gallon</i></p>	<p><i>70°F inside</i></p>	<p>Confidential: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>kept in storage</i></p>	<p><input type="checkbox"/> Below Reporting Thresholds (optional)</p> <p><input type="checkbox"/> State or Local Requirements</p>

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Chemical Description	Physical Hazards	Health Hazards	Inventory	Type of Storage	Storage Conditions (Pressure, Temperature)	Storage Locations	Additional Reporting Information (Optional)
<p><input type="checkbox"/> Check if information below is identical to the information submitted last year.</p> <p>Chemical Name: <i>Copper Sulfate</i></p> <p>CAS No. _____</p> <p>EHS: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Trade Secret</p>	<p><input type="checkbox"/> Explosive</p> <p><input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)</p> <p><input checked="" type="checkbox"/> Oxidizer (liquid, solid or gas)</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 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 type="checkbox"/> Respiratory or skin sensitization</p> <p><input type="checkbox"/> Germ cell mutagenicity</p> <p><input 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>	<p>Maximum Amount Range Code: <i>250 gts</i></p> <p>Average Daily Amount Range Code: <i>250 gts</i></p> <p>No. of days on site: <i>305</i></p>	<p><i>Bottled</i></p>	<p><i>Shelves and storage area 70°F inside</i></p>	<p>Confidential: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p><input type="checkbox"/> Below Reporting Thresholds (optional)</p> <p><input type="checkbox"/> State or Local Requirements</p>
<p><input type="checkbox"/> Check if information below is identical to the information submitted last year.</p> <p>Mixture or Product Name: <i>Chlorine Tablets</i></p> <p>CAS No. _____</p> <p><input type="checkbox"/> Not Available</p> <p><input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Trade Secret</p> <p>EHS: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>EHS(s) Name (if applicable): _____</p> <p>CAS No. _____</p> <p>Non-EHS(s) Name (optional): _____</p>	<p><input type="checkbox"/> Explosive</p> <p><input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)</p> <p><input checked="" type="checkbox"/> Oxidizer (liquid, solid or gas)</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 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 type="checkbox"/> Carcinogenicity</p> <p><input type="checkbox"/> Reproductive toxicity</p> <p><input checked="" 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>	<p>Maximum Amount (Total Mixture) Range Code: <i>3000 lbs</i></p> <p>Average Daily Amount (Total Mixture) Range Code: <i>1000 lbs</i></p> <p>No. of days on site: <i>305</i></p> <p>Maximum Amount of each EHS in the Mixture Range Code: _____</p>	<p><i>packaged in 5lb, 10lb and 25lb</i></p>	<p><i>Shelves and storage area inside 70°F</i></p>	<p>Confidential: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p><input type="checkbox"/> Below Reporting Thresholds (optional)</p> <p><input type="checkbox"/> State or Local Requirements</p>

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