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: ☐ N/A			Manned □Unmanned			
Street	County	City		State	Ž	Zip	
Latitude	Longitude		NAICS Code	Pho (ne Number)	(optional)	
Dun & Bradstreet Number	TRI Facility ID: □ N/A		<i>RMP Fa</i> □ N/A	cility ID:			
Subject to Emergency Planning under Section 3	355)?			☐ Yes	□No		
Subject to Chemical Accident Prevention under	Section 112(r) of CAA (40 0	CFR part 68, Risk Man	agement Program)?	•	☐ Yes	☐ No	
Owner or Operator Information		Parent Company In	formation (optiona	ıl)			
Name			Jame Dun & Bradstreet Number:				
Address		Address					
Phone Number Email		Phone Number ()	Email				
Facility Emergency Coordinator (if applicabl	e)	Tier II Information (Contact				
Name Title		Name	Title				
Email Address		Email Address					
Phone Number 24-hour F	Phone	Phone Number					
	Emergen	cy 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					
		Range Code	Fro			То	
I certify under penalty of law that I have perso am familiar with the information submitted in , and that based on my inquiry of those individ obtaining the information, I believe that the sub true, accurate and complete	pages one through luals responsible for mitted information is	01 02 03 04 05 06 07	5	000		99 499 999 4,999 9,999 24,999	
Name and official title of owner/operator OR authorized representative Signature Date Signe		08 09 10 11 12 13	50,0 75,0 100,0 500,0 1,000,0 10,000,0	000 000 000 000	Greater tha	74,999 99,999 499,999 999,999 9,999,999 in 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.

EPA Form No. 8700-30 OMB Control No. 2050-0072 Expiration Date: 12/31/2018 Page __ of __ Additional Storage Physical and Type of Conditions Storage Reporting **Chemical Description** Health Inventory Storage (Pressure, Locations Information Hazards Temperature) (Optional) Maximum Amount Confidential: ☐ Below ☐ Fire ☐ Check if information below is identical to the information submitted Range Code: ☐ Yes ☐ No last year. Reporting ☐ Sudden Thresholds Release of (optional) **Chemical Name:** Pressure Average Daily CAS No. □ Reactive Amount ☐ State or Local Range Code: Requirements EHS: Yes □ No \square ☐ Immediate (Acute) ☐ Solid ☐ Liquid ☐ Gas ☐ Trade Secret ☐ Delayed No. of days on site: (Chronic) Confidential: Maximum Amount ☐ Check if information below is identical to the information submitted ☐ Fire ☐ Below (Total Mixture) ☐ Yes ☐ No last year. Reporting Range Code: Sudden Thresholds Mixture or Product Name: Release of (optional) Pressure Average Daily ☐ Not Available CAS No. Amount (Total □ Reactive Mixture) ☐ State or Local ☐ Solid ☐ Liquid ☐ Gas ☐ Trade Secret Range Code: Requirements ☐ Immediate EHS: Yes □ No \square (Acute) EHS(s) Name (if applicable): No. of days on site: □ Delayed (Chronic) CAS No. Maximum Amount of each EHS in the Non-EHS(s) Name (optional): Mixture Range Code:

Optional Attachments:	I have attached a site plan	☐ I have attached a list of site coordinate abbreviations
	☐ I have attached a description of dik	es and other safeguard measures