

**Emergency Planning and Community Right-To-Know Act  
Vermont Community Right-To-Know Program**

<b>Tier 2 EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</b>  <i>Specific Information by Chemical</i>	<b>Facility Identification</b> Name _____ E-911 Address _____ City _____ County _____ State _____ Zip _____ SIC Code _____ Dun & Brad Number _____ Latitude _____ Longitude _____	<b>Owner/Operator Name</b> Name _____ Phone ( ) _____ Mail Address _____ City _____ State _____ Zip _____
	<b>FOR OFFICIAL USE ONLY</b>	<b>Emergency Contact</b> Name _____ Title _____ Phone ( ) _____ 24 Hr. Phone ( ) _____ Name _____ Title _____ Phone ( ) _____ 24 Hr. Phone ( ) _____

ID # _____
Date Received _____

**Important: Read all instructions before completing form**      Reporting Period From January 1 to December 31, 2008       Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	Inventory	Container Type	Pressure	Temperature	Storage Codes and Locations and Comments <i>(Non-Confidential)</i> <i>Storage Locations</i>	Fee Req. \$							
CAS _____ Trade Secret _____ Chem. Name <b>Motor Oil</b> EPA Registration # _____ Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <table border="1" style="width:100%; text-align: center;"> <tr><td>0</td><td>2</td></tr> </table> Avg. Daily Amount (code) <table border="1" style="width:100%; text-align: center;"> <tr><td>0</td><td>2</td></tr> </table> No. of Days On-site (days) <table border="1" style="width:100%; text-align: center;"> <tr><td>3</td><td>6</td><td>5</td></tr> </table>	0	2	0	2	3	6	5	A	1	4	1 – 100 gallon above ground tank located by the northwest corner of building 25 (720 lbs)	[35]
0	2													
0	2													
3	6	5												
CAS <b>8006-61-9</b> Trade Secret _____ Chem. Name <b>Gasoline</b> EPA Registration # _____ Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <table border="1" style="width:100%; text-align: center;"> <tr><td>0</td><td>4</td></tr> </table> Avg. Daily Amount (code) <table border="1" style="width:100%; text-align: center;"> <tr><td>0</td><td>4</td></tr> </table> No. of Days On-site (days) <table border="1" style="width:100%; text-align: center;"> <tr><td>3</td><td>6</td><td>5</td></tr> </table>	0	4	0	4	3	6	5	B	1	4	1-4,000 gallon UST (regular) 1-4,000 gallon UST (Mid) 1-4,000 gallon UST (Super) (72,000 lbs)	[90]
0	4													
0	4													
3	6	5												
CAS <b>74-98-6</b> Trade Secret _____ Chem. Name <b>Propane</b> EPA Registration # _____ Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <table border="1" style="width:100%; text-align: center;"> <tr><td>0</td><td>3</td></tr> </table> Avg. Daily Amount (code) <table border="1" style="width:100%; text-align: center;"> <tr><td>0</td><td>3</td></tr> </table> No. of Days On-site (days) <table border="1" style="width:100%; text-align: center;"> <tr><td>3</td><td>6</td><td>5</td></tr> </table>	0	3	0	3	3	6	5	A	2	4	3 – 1,000 gallon cylinders (9600 lbs)  * Please Note that no fee is due on a "03 or 02" Max Daily Code for a Petroleum Product or Fuel.	[0]
0	3													
0	3													
3	6	5												

**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 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

<b>Optional Attachments</b>	<b>Page Total \$ 125.00</b>
<input type="checkbox"/> I have attached a site plan	<b>Total All Pages \$ 125.00</b>
<input type="checkbox"/> I have attached a list of site coordinate abbreviations	
<input type="checkbox"/> I have attached a description of dikes and other safeguards measures	