

## Section 1. Registration Information

### Source Identification

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|                                |                        |
|--------------------------------|------------------------|
| Facility Name:                 | Siouxland Ethanol, LLC |
| Parent Company #1 Name:        | N/A                    |
| Submission Type:               | Resubmission           |
| Receipt Date:                  | April 2012             |
| Status:                        | Deregistered           |
| Deregistration Effective Date: | March 2015             |

### Facility Identification

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|              |                |
|--------------|----------------|
| Facility ID: | 1000 0019 8644 |
|--------------|----------------|

### Dun and Bradstreet Numbers (DUNS)

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|                |           |
|----------------|-----------|
| Facility DUNS: | 156107315 |
|----------------|-----------|

### Facility Location Address

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|           |                     |
|-----------|---------------------|
| Street 1: | 1501 Knox Boulevard |
| Street 2: | N/A                 |
| City:     | Jackson             |
| State:    | NE                  |
| ZIP:      | 68743               |
| ZIP4:     | N/A                 |
| County:   | Dakota              |

### Facility Latitude and Longitude

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|                      |             |
|----------------------|-------------|
| Latitude (decimal):  | 42.455144   |
| Longitude (decimal): | -096.596811 |

### Local Emergency Planning Committee and Regulations

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|              |     |
|--------------|-----|
| LEPC:        | N/A |
| OSHA PSM:    | Yes |
| EPCRA 302:   | N/A |
| CAA Title V: | N/A |

## Process Chemicals

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|                  |                         |
|------------------|-------------------------|
| Program Level:   | Program Level 3 process |
| Chemical Name:   | Ammonia (anhydrous)     |
| CAS Number:      | 7664-41-7               |
| Flammable/Toxic: | Toxic                   |

|                  |                         |
|------------------|-------------------------|
| Program Level:   | Program Level 3 process |
| Chemical Name:   | Flammable Mixture       |
| CAS Number:      | 00-11-11                |
| Flammable/Toxic: | Flammable               |

## Flammable Mixture Chemical Components

|                  |                                |
|------------------|--------------------------------|
| Chemical Name:   | Isopentane [Butane, 2-methyl-] |
| CAS Number:      | 78-78-4                        |
| Flammable/Toxic: | Flammable                      |

|                  |                               |
|------------------|-------------------------------|
| Chemical Name:   | Isobutane [Propane, 2-methyl] |
| CAS Number:      | 75-28-5                       |
| Flammable/Toxic: | Flammable                     |

|                  |           |
|------------------|-----------|
| Chemical Name:   | Butane    |
| CAS Number:      | 106-97-8  |
| Flammable/Toxic: | Flammable |

|                  |           |
|------------------|-----------|
| Chemical Name:   | 1-Butene  |
| CAS Number:      | 106-98-9  |
| Flammable/Toxic: | Flammable |

|                  |           |
|------------------|-----------|
| Chemical Name:   | Pentane   |
| CAS Number:      | 109-66-0  |
| Flammable/Toxic: | Flammable |

## Process NAICS

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|                    |                             |
|--------------------|-----------------------------|
| NAICS Code:        | 325193                      |
| NAICS Description: | Ethyl Alcohol Manufacturing |

## Section 6. Accident History

No records found.

## Section 9. Emergency Response

### Written Emergency Response (ER) Plan

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|   |     |
|---|-----|
| Community Plan (Is facility included in written community emergency response plan?):  | Yes |
| Facility Plan (Does facility have its own written emergency response plan?):  | Yes |
| Response Actions (Does ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?): | Yes |
| Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?): | Yes |
| Healthcare (Does facility's ER plan include information on emergency health care?):   | Yes |

### Local Agency

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|  |                       |
|--|-----------------------|
| Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated):                 | Ponca Fire Department |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (000) 911-0000        |