Facility Name: CHS Inc. - Forman Facility

EPA Facility Identifier: 1000 0020 7019

Plan Sequence Number: 1000041257

Section 1. Registration Information

Source Identification

Facility Name: CHS Inc. - Forman Facility

Parent Company #1 Name:

Submission Type:

Receipt Date:

April 2014

Status:

Deregistered

Deregistration Effective Date:

CHS Inc.

Resubmission

April 2014

Deregistered

October 2016

Facility Identification

Facility ID: 1000 0020 7019

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: 6147177

Facility Location Address

 Street 1:
 9137 Hwy 32 S

 Street 2:
 N/A

 City:
 Forman

 State:
 ND

 ZIP:
 58032

 ZIP4:
 N/A

 County:
 Sargent

Facility Latitude and Longitude

Latitude (decimal): 46.086861 Longitude (decimal): -097.635806

Local Emergency Planning Committee and Regulations

LEPC: Sargent County LEPC

 OSHA PSM:
 Yes

 EPCRA 302:
 N/A

 CAA Title V:
 N/A

Facility Name: CHS Inc. - Forman Facility

EPA Facility Identifier: 1000 0020 7019

Plan Sequence Number: 1000041257

Process Chemicals

Program Level: Program Level 2 process
Chemical Name: Ammonia (anhydrous)

CAS Number: 7664-41-7 Flammable/Toxic: Toxic

Process NAICS

NAICS Code: 115112

NAICS Description: Soil Preparation, Planting, and

Cultivating

Section 6. Accident History

No records found.

Section 9. Emergency Response

Written Emergency Response (ER) Plan

accidental release?):

health care?):

Community Plan (Is facility included in Yes written community emergency response plan?):

Facility Plan (Does facility have its own Yes written emergency response plan?):

Response Actions (Does ER plan Yes include specific actions to be taken in response to accidental releases of regulated substance(s)?):

Public Information (Does ER plan Yes include procedures for informing the public and local agencies responding to

Healthcare (Does facility's ER plan
Yes
include information on emergency

Facility Name: CHS Inc. - Forman Facility

EPA Facility Identifier: 1000 0020 7019

Plan Sequence Number: 1000041257

Local Agency

Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated):

Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated):

Forman Rural Fire Protection

(701) 724-3004