Facility Name: HOOVER'S INC.

EPA Facility Identifier: 1000 0005 0142

Plan Sequence Number: 1000116262

Section 1. Registration Information

Source Identification

Facility Name: HOOVER'S INC.

Parent Company #1 Name: N/A

Submission Type: Resubmission Receipt Date: July 2024

Facility Identification

Facility ID: 1000 0005 0142

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: N/A

Facility Location Address

Street 1: 309 2ND STREET

Street 2: N/A

City: GREENLEAF

 State:
 KS

 ZIP:
 66943

 ZIP4:
 N/A

County: Washington

Facility Latitude and Longitude

Latitude (decimal): 39.730833 Longitude (decimal): -096.978333

Local Emergency Planning Committee and Regulations

LEPC: Washington County LEPC

 OSHA PSM:
 N/A

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: HOOVER'S INC.

EPA Facility Identifier: 1000 0005 0142 Plan Sequence Number: 1000116262

Process Chemicals

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

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

Process NAICS

NAICS Code: 42491

NAICS Description: Farm Supplies Merchant Wholesalers

Section 6. Accident History

No records found.

Section 9. Emergency Response

Written Emergency Response (ER) Plan

regulated substance(s)?):

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

Facility Plan (Does facility have its own N/A written emergency response plan?):

Response Actions (Does ER plan N/A include specific actions to be taken in response to accidental releases of

Public Information (Does ER plan N/A include procedures for informing the public and local agencies responding to accidental release?):

Healthcare (Does facility's ER plan N/A

include information on emergency health care?):

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):

GREENLEAF FIRE DEPT.

(785) 747-2610