

## Section 1. Registration Information

### Source Identification

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Facility Name:	Ulysses Booster Station
Parent Company #1 Name:	Linn Energy, LLC
Submission Type:	Resubmission
Receipt Date:	January 2014
Status:	Deregistered
Deregistration Effective Date:	December 2016

### Facility Identification

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Facility ID:	1000 0002 3351
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### Dun and Bradstreet Numbers (DUNS)

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Facility DUNS:	154679435
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### Facility Location Address

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Street 1:	8 Miles south of Ulysses on SH25
Street 2:	N/A
City:	Ulysses
State:	KS
ZIP:	67880
ZIP4:	N/A
County:	Grant

### Facility Latitude and Longitude

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Latitude (decimal):	37.459444
Longitude (decimal):	-101.358889

### Local Emergency Planning Committee and Regulations

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LEPC:	Grant County LEPC
OSHA PSM:	Yes
EPCRA 302:	N/A
CAA Title V:	Yes

## Process Chemicals

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Program Level:	Program Level 3 process
Chemical Name:	Methane
CAS Number:	74-82-8
Flammable/Toxic:	Flammable

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:	Methane
CAS Number:	74-82-8
Flammable/Toxic:	Flammable

Chemical Name:	Ethane
CAS Number:	74-84-0
Flammable/Toxic:	Flammable

Chemical Name:	Propane
CAS Number:	74-98-6
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:	Pentane
CAS Number:	109-66-0
Flammable/Toxic:	Flammable

## Process NAICS

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NAICS Code:	48621
NAICS Description:	Pipeline Transportation of Natural Gas

## 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?):	N/A
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):	Grant County Emergency Management
Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated):	(608) 723-7171