

## Section 1. Registration Information

### Source Identification

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|                         |                            |
|-------------------------|----------------------------|
| Facility Name:          | Farm Service Coop-Atlantic |
| Parent Company #1 Name: | N/A                        |
| Submission Type:        | Resubmission               |
| Receipt Date:           | May 2024                   |

### Facility Identification

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|              |                |
|--------------|----------------|
| Facility ID: | 1000 0006 8115 |
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### Dun and Bradstreet Numbers (DUNS)

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|                |     |
|----------------|-----|
| Facility DUNS: | N/A |
|----------------|-----|

### Facility Location Address

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|           |                    |
|-----------|--------------------|
| Street 1: | 54464 Olive Street |
| Street 2: | N/A                |
| City:     | Atlantic           |
| State:    | IA                 |
| ZIP:      | 50022              |
| ZIP4:     | N/A                |
| County:   | Cass               |

### Facility Latitude and Longitude

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|                      |             |
|----------------------|-------------|
| Latitude (decimal):  | 41.440123   |
| Longitude (decimal): | -095.000589 |

### Local Emergency Planning Committee and Regulations

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

## Process Chemicals

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|                  |                         |
|------------------|-------------------------|
| Program Level:   | Program Level 2 process |
| Chemical Name:   | Ammonia (anhydrous)     |
| CAS Number:      | 7664-41-7               |
| Flammable/Toxic: | Toxic                   |

## Process NAICS

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|                    |                                    |
|--------------------|------------------------------------|
| 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

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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?):  | N/A |
| Response Actions (Does ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?): | N/A |
| Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?): | N/A |
| Healthcare (Does facility's ER plan include information on emergency health care?):   | N/A |

### Local Agency

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|  |                  |
|--|------------------|
| Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated):                 | Cass County LEPC |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (712) 243-1500   |