

Section 1. Registration Information

Source Identification

| | |
|--------------------------------|----------------------|
| Facility Name: | CRYSTAL VALLEY CO-OP |
| Parent Company #1 Name: | N/A |
| Submission Type: | Resubmission |
| Receipt Date: | June 2004 |
| Status: | Deregistered |
| Deregistration Effective Date: | August 2004 |

Facility Identification

| | |
|--------------|----------------|
| Facility ID: | 1000 0005 5281 |
|--------------|----------------|

Dun and Bradstreet Numbers (DUNS)

| | |
|----------------|----------|
| Facility DUNS: | 22839666 |
|----------------|----------|

Facility Location Address

| | |
|-----------|-----------------|
| Street 1: | 330 W. Railroad |
| Street 2: | N/A |
| City: | St. Clair |
| State: | MN |
| ZIP: | 56080 |
| ZIP4: | N/A |
| County: | Blue Earth |

Facility Latitude and Longitude

| | |
|----------------------|-------------|
| Latitude (decimal): | 44.081944 |
| Longitude (decimal): | -093.862778 |

Local Emergency Planning Committee and Regulations

| | |
|--------------|--------------------|
| LEPC: | District 1 Lepc,MN |
| OSHA PSM: | N/A |
| EPCRA 302: | Yes |
| CAA Title V: | N/A |

Process Chemicals

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

Process NAICS

| | |
|--------------------|---|
| NAICS Code: | 42459 |
| NAICS Description: | Other Farm Product Raw Material Merchant Wholesalers |

Section 6. Accident History

No records found.

Section 9. Emergency Response

Written Emergency Response (ER) Plan

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

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

St. Clair Fire Dept.

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

(507) 245-3374