

Section 1. Registration Information

Source Identification

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|-------------------------|------------------------------------|
| Facility Name: | Diversified CPC International, Inc |
| Parent Company #1 Name: | N/A |
| Submission Type: | Resubmission |
| Receipt Date: | July 2022 |

Facility Identification

| | |
|--------------|----------------|
| Facility ID: | 1000 0014 4391 |
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Dun and Bradstreet Numbers (DUNS)

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

Facility Location Address

| | |
|-----------|----------------------------|
| Street 1: | 1374 U.S. Highway 11 North |
| Street 2: | N/A |
| City: | Petal |
| State: | MS |
| ZIP: | 39465 |
| ZIP4: | 1184 |
| County: | Forrest |

Facility Latitude and Longitude

| | |
|----------------------|-------------|
| Latitude (decimal): | 31.381780 |
| Longitude (decimal): | -089.266490 |

Local Emergency Planning Committee and Regulations

| | |
|--------------|--------------------------------|
| LEPC: | Forrest Cnty Eme.Mgmt District |
| OSHA PSM: | Yes |
| EPCRA 302: | N/A |
| CAA Title V: | N/A |

Process Chemicals

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|------------------|--|
| Program Level: | Program Level 3 process |
| Chemical Name: | Difluoroethane [Ethane, 1,1-difluoro-] |
| CAS Number: | 75-37-6 |
| Flammable/Toxic: | Flammable |
| Program Level: | Program Level 3 process |
| Chemical Name: | Propane |
| CAS Number: | 74-98-6 |
| Flammable/Toxic: | Flammable |
| Program Level: | Program Level 3 process |
| Chemical Name: | Isobutane [Propane, 2-methyl] |
| CAS Number: | 75-28-5 |
| Flammable/Toxic: | Flammable |
| Program Level: | Program Level 3 process |
| Chemical Name: | Butane |
| CAS Number: | 106-97-8 |
| Flammable/Toxic: | Flammable |
| Program Level: | Program Level 3 process |
| Chemical Name: | Methyl ether [Methane, oxybis-] |
| CAS Number: | 115-10-6 |
| Flammable/Toxic: | Flammable |

Process NAICS

| | |
|--------------------|------------------------------|
| NAICS Code: | 32512 |
| NAICS Description: | Industrial Gas Manufacturing |

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?): | 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

| | |
|--|-----------------------|
| Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated): | Petal Fire Department |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (601) 705-0908 |