Facility Name: CHS Inc. - Bristol

EPA Facility Identifier: 1000 0000 8056

Plan Sequence Number: 1000042717

# **Section 1. Registration Information**

### Source Identification

Facility Name: CHS Inc. - Bristol

Parent Company #1 Name:

Submission Type:

Receipt Date:

Status:

Deregistration Effective Date:

CHS Inc.

Resubmission

May 2014

Status:

Deregistered

July 2014

**Facility Identification** 

Facility ID: 1000 0000 8056

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: 6147177

**Facility Location Address** 

Street 1: 201 1st Street

 Street 2:
 N/A

 City:
 Bristol

 State:
 CO

 ZIP:
 81407

 ZIP4:
 N/A

 County:
 Prowers

Facility Latitude and Longitude

Latitude (decimal): 38.121859
Longitude (decimal): -102.31032

Local Emergency Planning Committee and Regulations

 LEPC:
 N/A

 OSHA PSM:
 N/A

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: CHS Inc. - Bristol

EPA Facility Identifier: 1000 0000 8056 Plan Sequence Number: 1000042717

#### **Process Chemicals**

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

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

#### **Process NAICS**

NAICS Code: 44422

NAICS Description: Nursery, Garden Center, and Farm

Supply Stores

Yes

Yes

# **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?):

Facility Plan (Does facility have its own

Yes 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)?):

Public Information (Does ER plan Yes include procedures for informing the

public and local agencies responding to accidental release?):

Healthcare (Does facility's ER plan include information on emergency

health care?):

Facility Name: CHS Inc. - Bristol

EPA Facility Identifier: 1000 0000 8056

Plan Sequence Number: 1000042717

## 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):

**Bristol Fire Dept** 

(000) 000-0911