

## Section 1. Registration Information

### Source Identification

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|                                |                         |
|--------------------------------|-------------------------|
| Facility Name:                 | CHANDLER COOP , SLAYTON |
| Parent Company #1 Name:        | N/A                     |
| Submission Type:               | First Time              |
| Receipt Date:                  | March 1999              |
| Status:                        | Deregistered            |
| Deregistration Effective Date: | April 2009              |

### Facility Identification

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|              |                |
|--------------|----------------|
| Facility ID: | 1000 0000 0713 |
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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: | 1935 20TH STREET |
| Street 2: | N/A              |
| City:     | SLAYTON          |
| State:    | MN               |
| ZIP:      | 56172            |
| ZIP4:     | N/A              |
| County:   | Murray           |

### Facility Latitude and Longitude

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|                      |            |
|----------------------|------------|
| Latitude (decimal):  | 43.993333  |
| Longitude (decimal): | -95.765417 |

### Local Emergency Planning Committee and Regulations

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

## Process Chemicals

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|                  |                         |
|------------------|-------------------------|
| Program Level:   | Program Level 2 process |
| Chemical Name:   | Propane                 |
| CAS Number:      | 74-98-6                 |
| Flammable/Toxic: | Flammable               |

## Process NAICS

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|                    |   |
|--------------------|---|
| NAICS Code:        | 454312  |
| NAICS Description: | Liquefied Petroleum Gas (Bottled Gas) Dealers |

## 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):

MURRAY COUNTY SHERIFF

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

(507) 836-6168