

## Section 1. Registration Information

### Source Identification

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|                         |                    |
|-------------------------|--------------------|
| Facility Name:          | PREISTER AG SUPPLY |
| Parent Company #1 Name: | N/A                |
| Submission Type:        | Resubmission       |
| Receipt Date:           | July 2021          |

### Facility Identification

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|              |                |
|--------------|----------------|
| Facility ID: | 1000 0016 4984 |
|--------------|----------------|

### Dun and Bradstreet Numbers (DUNS)

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|                |          |
|----------------|----------|
| Facility DUNS: | 82541764 |
|----------------|----------|

### Facility Location Address

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|           |                  |
|-----------|------------------|
| Street 1: | 30551 430th Ave. |
| Street 2: | Route 1 Box 70   |
| City:     | Monroe           |
| State:    | NE               |
| ZIP:      | 68647            |
| ZIP4:     | 4538             |
| County:   | Platte           |

### Facility Latitude and Longitude

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|                      |             |
|----------------------|-------------|
| Latitude (decimal):  | 41.537306   |
| Longitude (decimal): | -097.676833 |

### Local Emergency Planning Committee and Regulations

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|              |                 |
|--------------|-----------------|
| LEPC:        | District 4 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):                 | Genoa Fire Department |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (402) 993-2200        |