

Section 1. Registration Information

Source Identification

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|-------------------------|--------------------------------------|
| Facility Name: | Cypress Chemical Company |
| Parent Company #1 Name: | Unified Environmental Services Group |
| Submission Type: | Resubmission |
| Receipt Date: | June 2004 |

Facility Identification

| | |
|--------------|----------------|
| Facility ID: | 1000 0002 7641 |
|--------------|----------------|

Dun and Bradstreet Numbers (DUNS)

| | |
|----------------|-----------|
| Facility DUNS: | 808231328 |
|----------------|-----------|

Facility Location Address

| | |
|-----------|-------------------|
| Street 1: | 1305 Hwy 20 South |
| Street 2: | P.O. Box 589 |
| City: | Helena |
| State: | AR |
| ZIP: | 72342 |
| ZIP4: | N/A |
| County: | Phillips |

Facility Latitude and Longitude

| | |
|----------------------|-------------|
| Latitude (decimal): | 34.476667 |
| Longitude (decimal): | -090.607500 |

Local Emergency Planning Committee and Regulations

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

Process Chemicals

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|------------------|-------------------------|
| Program Level: | Program Level 3 process |
| Chemical Name: | Ammonia (anhydrous) |
| CAS Number: | 7664-41-7 |
| Flammable/Toxic: | Toxic |

Process NAICS

| | |
|--------------------|--------------------------------------|
| NAICS Code: | 325311 |
| NAICS Description: | Nitrogenous Fertilizer 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): | Phillips County LEPC |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (870) 338-5530 |