Facility Name: CHS Inc. - Oklee EPA Facility Identifier: 1000 0000 1945 Plan Sequence Number: 1000115623

Section 1. Registration Information

Source Identification

Facility Name: CHS Inc. - Oklee

CHS Inc. Parent Company #1 Name: Submission Type: Resubmission June 2024 Receipt Date:

Facility Identification

Facility ID: 1000 0000 1945

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: 6147177

Facility Location Address

Street 1: 806 Elevator Road

N/A Street 2: City: Oklee State: MN ZIP: 56742 ZIP4: N/A

County: Red Lake

Facility Latitude and Longitude

Latitude (decimal): 47.843102 Longitude (decimal): -95.854277

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. - Oklee

EPA Facility Identifier: 1000 0000 1945 Plan Sequence Number: 1000115623

Process Chemicals

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

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

Process NAICS

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

regulated substance(s)?):

Community Plan (Is facility included in Yes written community emergency response plan?):

Facility Plan (Does facility have its own Yes written emergency response plan?):

Response Actions (Does ER plan Yes include specific actions to be taken in response to accidental releases of

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 Yes

include information on emergency health care?):

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):

Oklee Fire Dept.

(218) 253-2996