

Section 1. Registration Information

Source Identification

| | |
|-------------------------|-----------------------------------|
| Facility Name: | Atkinson Grain & Fertilizer, Inc. |
| Parent Company #1 Name: | N/A |
| Submission Type: | Resubmission |
| Receipt Date: | February 2024 |

Facility Identification

| | |
|--------------|----------------|
| Facility ID: | 1000 0000 1767 |
|--------------|----------------|

Dun and Bradstreet Numbers (DUNS)

| | |
|----------------|----------|
| Facility DUNS: | 45374196 |
|----------------|----------|

Facility Location Address

| | |
|-----------|---------------------|
| Street 1: | PO Box 631 |
| Street 2: | 400 N Spring Street |
| City: | Atkinson |
| State: | IL |
| ZIP: | 61235 |
| ZIP4: | N/A |
| County: | Henry |

Facility Latitude and Longitude

| | |
|----------------------|------------|
| Latitude (decimal): | 41.420893 |
| Longitude (decimal): | -90.010596 |

Local Emergency Planning Committee and Regulations

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

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

| | |
|---|-----|
| 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

| | |
|--|--------------------------|
| Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated): | Atkinson Fire Department |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (309) 936-7979 |