



Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory
Mail to: Right-to-Know Program
1000 SW Jackson Suite 330
Topeka KS 66612-1365
(785) 296-1688

Important: Read all instructions before completing form

1. Reporting Period
From January 1 to December 31, 2022 Page 1 of 2

2. Facility Identification 2a. New Facility ☐ Yes ☒ No

3a. Owner/Operator Identification

Name EVERGY-EAST ABILENE

Street Address 1047 14TH ST

Latitude 38.9304000 Longitude -97.1957000

City ABILENE County DICKINSON State KS Zip 67410

Phone 913-231-9671

NAICS 221122

RMP Fac ID ☒ N/A

TRI Fac ID ☒ N/A

Max # of occupants 0 ☐ Manned ☒ Unmanned

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?

☐ Yes ☒ No

Subject to Chemical Accident Prevention under Section 112r of CAA (40 CFR part 68)?

☐ Yes ☒ No

4a. Tier II Contact

Name ANDREW HARE Title ENV COMPLIANCE MGR

Phone 785-508-2841 24-hour phone 913-231-9671

Email andrew.hare@evergy.com

4b. Emergency Contact Name DISTRIBUTION Title 24 HR CONTACT

Phone 816-701-0613 24-hour Phone 816-701-0613

Email dds@evergy.com

Name _____ Title _____

Phone _____ 24-hour Phone _____

Email _____

7. Certification (Read and sign after completing all Sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages 1 through _____ and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Name and official title of owner/operator or authorized representative _____

Date _____

Signature _____

Business Name Evergy Inc.

Address 1200 Main St.

City Kansas City State MO Zip 64105-2122

Business Phone 785-508-2841 Country USA

Submitter Andrew Hare

Email Andrew.hare@evergy.com

Dun & Brodstreet N/A

3b. Mailing Address if different from Owner/Operator Address

Business Name Evergy, Inc.

Address Evergy, Inc. Attn: Andrew Hare

City Kansas City State MO Zip 64105-2122

ATTN Andrew Hare

Phone 913-231-9671

5. Section Reporting: Please check as appropriate

☒ Section 312

☐ Section 311

☐ Section 302

☒ Annual

☐ Revision

☐ Identical to last year

For Official Use Only

Facility ID # _____

Parent ID # _____

Entered by _____

6. Optional Attachments

☐ Site Plan

☐ Description of Dikes

☐ Site Coordinate Abbreviations

☐ Other Safeguard Measures

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Chemical Description		Physical Hazards		Health Hazards		Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: TRANSFORMER OIL CAS #: NONE EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable):		<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified		<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified		<div> <input type="checkbox"/> Container Type <input type="checkbox"/> Pressure <input type="checkbox"/> Temperature <input type="checkbox"/> Storage Location </div> <div> Other <input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> TRANSFORMER ON SITE </div>			
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret		<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified		<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified		<div> <input type="checkbox"/> Container Type <input type="checkbox"/> Pressure <input type="checkbox"/> Temperature <input type="checkbox"/> Storage Location </div> <div> 30.066 Maximum Daily Amount (lbs) 30.066 Average Daily Amount (lbs) </div> <div> 365 Number of Days on Site <input type="checkbox"/> Optional Report </div>			
Chemical Name: CAS #: EHS: <input type="checkbox"/> Yes <input type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable):		<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified		<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified		<div> <input type="checkbox"/> Container Type <input type="checkbox"/> Pressure <input type="checkbox"/> Temperature <input type="checkbox"/> Storage Location </div> <div> Maximum Daily Amount (lbs) Average Daily Amount (lbs) </div> <div> Number of Days on Site <input type="checkbox"/> Optional Report </div>			