



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, 2024

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2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name Abilene Energy Center
Street Address 997 2000 Ave
Latitude 38.8831000 Longitude -97.2018000
City ABILENE County DICKINSON State KS Zip 67410
Phone 316-617-1546
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 Nick Martin Title Environmental Consultant II
Phone 785-508-2523 24-hour phone 316-617-1546
Email nick.martin@evergy.com

4b. Emergency Contact

Name Distribution n/a Title 24 Hour Contact
Phone 816-701-0613 24-hour Phone 816-701-0613
Email dds@evergy.com

Name _____ Title _____
Phone _____ 24-hour Phone _____
Email _____

3a. Owner/Operator Identification

Business Name Evergy * Inc.
Address 818 South Kansas Ave
City Topeka State KS Zip 66612
Business Phone 785-508-2523 Country USA
Submitter Nick Martin
Email nick.martin@evergy.com
Dun & Bradstreet N/A

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

Business Name Evergy, Inc.
Address Evergy, Inc. Attn: Nick Martin
City Topeka State KS Zip 66612
ATTN Nick Martin
Phone 316-617-1546

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
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6. Optional Attachments

☐ Site Plan ☐ Description of Dikes
☐ Site Coordinate Abbreviations ☐ Other Safeguard Measures

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

8. Chemical Information

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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations ☐ if Confidential			
			Container Type	Pressure	Temperature	Storage Location
Chemical Name: TRANSFORMER OIL CAS #: none EHS: ☐ Yes ☒ No EHS Name (if applicable): EHS CAS # (if applicable): ☐ Solid ☒ Liquid ☐ Gas ☐ Pure ☒ Mix ☐ Trade Secret	☐ Explosive ☐ Flammable (gases, aerosols, liquids, or solids) ☐ Oxidizer (gas, liquid, or solid) ☐ Self-reactive ☐ Pyrophoric (liquid or solid) ☐ Pyrophoric gas ☐ Self-heating ☐ Organic peroxide ☐ Corrosive to metal ☐ Gas under pressure (compressed gas) ☐ In contact with water emits flammable gas ☐ Combustible Dust ☐ Hazard not otherwise classified	☐ Acute toxicity (any route of exposure) ☐ Skin corrosion or irritation ☐ Serious eye damage or eye irritation ☐ Respiratory or skin sensitization ☐ Germ cell mutagenicity ☐ Carcinogenicity ☐ Reproductive toxicity ☐ Specific target organ toxicity (single or repeated exposure) ☒ Aspiration hazard ☐ Simple asphyxiant ☐ Hazard not otherwise classified	Other	Ambient pressure	Ambient temperature	☐ Transformer
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
			159,729 Maximum Daily Amount (lbs) 159,729 Average Daily Amount (lbs) 366 Number of Days on Site ☐ Optional Report			
Chemical Name: CAS #: EHS: ☐ Yes ☐ No EHS Name (if applicable): EHS CAS # (if applicable): ☐ Solid ☐ Liquid ☐ Gas ☐ Pure ☐ Mix ☐ Trade Secret	☐ Explosive ☐ Flammable (gases, aerosols, liquids, or solids) ☐ Oxidizer (gas, liquid, or solid) ☐ Self-reactive ☐ Pyrophoric (liquid or solid) ☐ Pyrophoric gas ☐ Self-heating ☐ Organic peroxide ☐ Corrosive to metal ☐ Gas under pressure (compressed gas) ☐ In contact with water emits flammable gas ☐ Combustible Dust ☐ Hazard not otherwise classified	☐ Acute toxicity (any route of exposure) ☐ Skin corrosion or irritation ☐ Serious eye damage or eye irritation ☐ Respiratory or skin sensitization ☐ Germ cell mutagenicity ☐ Carcinogenicity ☐ Reproductive toxicity ☐ Specific target organ toxicity (single or repeated exposure) ☐ Aspiration hazard ☐ Simple asphyxiant ☐ Hazard not otherwise classified	Container Type	Pressure	Temperature	Storage Location
						☐
						☐
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						☐
			_____ Maximum Daily Amount (lbs) _____ Average Daily Amount (lbs) _____ Number of Days on Site ☐ Optional Report			