

# Instructions for Oil And Gas Production/Storage Sites



## Hazardous Chemical Inventory Reporting

State Emergency Response Commission  
January 2014

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Submission of the Hazardous Chemical Inventory Report is required under section 312 of the Emergency Planning and Community Right-to-Know Act (EPCRA) which was enacted as Title III of the Superfund Amendments and Reauthorization Act of 1986, Public Law 99-499, 42 U.S.C. Section 11022. The Ohio State Emergency Response Commission (SERC) administers and implements the Emergency Planning and Community Right-to-Know program in Ohio as authorized by Ohio Revised Code Chapter 3750. The purpose of the Hazardous Chemical Inventory Report is to provide state and local officials, emergency responders, and the public with specific information on hazardous chemicals present at facilities during the past year.

## Who is Required to Report?

The owner or operator of a facility (tank battery/lease) having, at any one point in time during a calendar year, 10,000 pounds (about 1,375 gallons or 32/33 barrels) of petroleum crude oil, 10,000 pounds of a hazardous chemical such as brine/produce water (1,000 gallons), or the threshold quantity of an Extremely Hazardous Substance (EHS) is subject to these reporting requirements.

- 1) Within 90 days of acquiring any hazardous chemical (crude oil), submit a list of these chemical(s) to the SERC, Local Emergency Planning Committee (LEPC), and jurisdictional fire.
- 2) Within 60 days of acquiring the threshold planning quantity (TPQ) of an EHS, notify the SERC, LEPC, and fire department of the name of the EHS and the name of the facility emergency coordinator.
- 3) Annually submit a Tier II Emergency and Hazardous Chemical Inventory Report by March 1.

The definition of facility includes "all buildings, equipment, structures, and other stationary items that are located on a single site or on contiguous or adjacent sites that are owned or operated by the same person" (52 FR 38364). Unless the well properties are adjacent or contiguous, each well is a separate facility.

## Reporting Form Options for Oil and Gas Well Owners

Oil and gas well owners have options of submitting a single-facility hazardous chemical inventory form, or a multi-facility hazardous chemical inventory form, if the facility is subject to the reporting requirements.

Filing one report for similar multiple facilities is a kind of "generic reporting". A generic report would consist of one submission which would provide the required information on each well (facility). The oil and gas multi-facility reporting form was designed to be a generic reporting form that allows the owner and/or operator to declare all production/storage tank batteries within a specific county to be reported together. Each completed county inventory report will contain one or more inventory forms which list tank batteries (facilities), their location and storage capacity, and a map showing the locations of the facilities. If the facilities are not similar, the generic report would not contain the facility-specific required information.

However, a generic report may only be submitted for similar facilities. In order for facilities to be considered similar, they must have present the same extremely hazardous substances and hazardous substances on-site at any one time in similar amounts. If the facilities are not similar, then the generic reporting format would not be considered in compliance with the reporting requirements.

If you have a single facility, or if you are the owner/operator of multiple facilities which do not have the same extremely hazardous substances and hazardous substances present in similar amounts, use the single facility report and SERC instructional manual for industry. Examples of facilities which may require separate reports include a facility that has active drilling taking place, using hazardous chemicals or extremely hazardous substances during the drilling process.

## Electronic Reporting

The SERC encourages all reporting facilities to use US EPA's electronic reporting software, Tier2 Submit, in lieu of the hard copy reporting forms. You can download a free copy of Tier2 submit from US EPA's Office of Emergency Management's website at: [www2.epa.gov/epcra-tier-i-and-tier-ii-reporting/tier2-submit-software](http://www2.epa.gov/epcra-tier-i-and-tier-ii-reporting/tier2-submit-software). Tier2 Submit allows users to duplicate reports, and simply update the location information in order to file reports for multiple, similar facilities.

## Tier II Emergency and Hazardous Chemical Inventory Report - Oil and Gas Well Multi-Facility Form Instructions

An owner or operator of multiple facilities can file a generic multiple facility Tier II report for similar facilities as long as:

- 1) the facilities are located within the same county;
- 2) the maximum and daily amounts of the chemical stored at the facilities (e.g. petroleum crude oil) are within the same volume range.

The required facility specific information can be attached to the "Tier II Emergency and Hazardous Chemical Inventory, Oil & Gas Well Multi-Facility" Form and the Inventory Form as a spreadsheet, and is to be submitted along with the site maps.

### Reporting Period

Enter the appropriate calendar year, beginning January 1 and ending December 31.

### Identical Information

Check the box located at the top of page one of the form, if the information being reported is identical to that submitted last year. Note: Chemical descriptions, hazards, amounts, and locations must be provided in this year's form, even if the information is identical to that submitted last year since USEPA has added additional data elements and revised other data elements on the 2014 form.

### Part 1 — Facility Identification

Provide County — In an attached spreadsheet, identify each facility/well listing including: complete facility/well name, address, city, state, zip code and latitude/longitude.

### Part II — Additional Facility Specific Information

An owner or operator filing a multiple facility report can complete the Additional Facility Specific Information Section if the information is the same for all facilities included in the multiple facility report. If the information is different for specific locations, this information should be included in the spreadsheet which shall be attached to this generic report.

- Estimate the maximum number of occupants that may be present at any one time at your facility. If the facility is manned at least part of a day, indicate the number of persons present. You should include contractors, vendors and people that may be present for any training or other events as well as employees. If the location is never manned, check the box marked "N/A".
- Check the appropriate box to indicate if the facility is manned or unmanned.
- Enter the primary North American Industry Classification System (NAICS) code (oil & gas NAICS is 211111).
- Provide contact telephone number.
- Enter the Dun & Bradstreet number of your company or corporation.

- If your facility is subject to the Toxic Release Inventory (TRI) program under section 313 of EPCRA, provide the identification number assigned by EPA. If your facility is not subject to this reporting requirement or if your facility has not been assigned a number under this program, check the box marked "N/A".
- If your facility is subject to the chemical accident prevention provisions codified in 40 CFR part 68, also known as the Risk Management Program (RMP), provide the facility identification number assigned by EPA. If your facility is not subject to this provision or if your facility has not been assigned a number, check the box marked "NI A".
- Subject to Emergency Planning — Indicate if your facility is subject to the emergency planning notification requirement under EPCRA section 302, (40 CFR part 355).
- Subject to Chemical Accident Prevention — Indicate if your facility is subject to the chemical accident prevention requirements under Section 112 of the Clean Air Act (40 CFR part 68).

### Part III — Owner/Operator and Contact Information

- Owner or Operator Information — Enter the owner or operator's full name, mailing address, e-mail address and phone number.
- Parent Company Information (optional) — Enter the name, mailing address, phone number, email address and Dun & Bradstreet number of the parent company.
- Facility Emergency Coordinator (if applicable) — Enter the name, title, email address, phone number and 24-hour phone number of the facility emergency coordinator. Note: both federal and state law requires facilities subject to the emergency planning notification requirement to designate a facility representative who will participate in the local emergency planning process as a facility emergency coordinator.
- Tier II Information Contact — Enter the name, title, email address and phone number of the person knowledgeable of the information contained in the Tier II inventory form.
- Emergency Contacts — Enter the name, title, phone number and email address of at least one local person or office that can act as a referral if emergency responders need assistance in responding to a chemical accident at the facility. If there is more than one person assigned to this duty, provide the same information for that person. Provide an emergency phone number where such emergency information will be available 24 hours a day, every day.

### Certification

The owner or operator or the officially designated representative of the owner or operator must certify that all information included in the Tier II submission is true, accurate, and complete. On the first page of the Tier II report, enter your full name and official title. Sign your name and enter the current date.

### Oil and Gas Well Multi-Facility Form (Page 2)

- Enter Parent Company Name.
- Enter "For Filing Date."
- Enter "Page of page."
- Check box if spreadsheet of multiple facilities information is attached.
- Check box if report is a revision.
- Check box if map(s) is/are attached.
- Check box if storage locations and facility maps are confidential.
- Chemical Description — Provide the pure chemical or mixture or trade name as provided on the Material Safety Data Sheet (MSDS).
- Enter the Chemical Abstract Service registry number (CAS).
- Indicate if the chemical is an EHS.

- If you are withholding the name of a chemical or mixture in accordance with criteria specified in EPCRA Trade Secret claims, enter the generic class or category that is structurally descriptive of the chemical (e.g., list toluene diisocyanate as organic isocyanate) and check the box marked Trade Secret. Trade secret information should be submitted to EPA and must include a substantiation packet. Trade secret regulations can be found in 40 CFR part 350. You may also visit U.S. EPA's website at [epa.gov/emergencies/content/epcra/tier2.htm#sub](http://epa.gov/emergencies/content/epcra/tier2.htm#sub).
- Check box if information is identical to last year.
- Check box for ALL applicable descriptors: solid, liquid, or gas.
- If the mixture contains any EHS, check the box "yes", and then enter the name and CAS number of each EHS in the mixture. You are not required to list non-EHSs in the mixture, but may report if you wish to do so.

### Physical and Health Hazards

For each chemical you have listed, check all the physical and health hazard categories that apply. These hazard categories are defined in 40 CFR 370.66. The two health hazard categories and three physical hazard categories are a consolidation of the 23 hazard categories defined in the OSHA Hazard Communication Standard, 29 CFR 1910.1200.

#### Hazard Category Comparison for Reporting Under Sections 311 and 312

EPA's Hazard Categories	OSHA's Hazard Categories
<b>Fire Hazard</b>	Flammable Combustion Liquid Pyrophoric Oxidizer
<b>Sudden Release of Pressure</b>	Explosive Compressed Gas
<b>Reactive</b>	Unstable Reactive Organic Peroxide Water Reactive
<b>Immediate (Acute) Health Hazards</b>	Highly Toxic Toxic Irritant Sensitizer Corrosive Other hazardous chemicals with an adverse effect with short term exposure
<b>Delayed (Chronic) Health Hazard</b>	Carcinogens Other hazardous chemicals with an adverse effect with long term exposure

### Maximum Amount

- 1) For each hazardous chemical or mixture, estimate the maximum amount present at your facility on any single day during the reporting period. If you are reporting a mixture, you must list any EHS(s) present in the mixture and report the maximum amount and the CAS number(s) of each EHS present in the mixture.
- 2) Find the appropriate range value code in Table I.
- 3) Enter this range value as the maximum amount.

**Table I - Reporting Ranges**

Range Value	Weight Range in Pounds	
	From	To
01	0	99
02	100	499
03	500	999
04	1,000	4,999
05	5,000	9,999
06	10,000	24,999
07	25,000	49,999
08	50,000	74,999
09	75,000	99,999
10	100,000	499,999
11	500,000	999,999
12	1,000,000	9,999,999
13	10,000,000	Greater than 10 million

**Storage Types, Conditions and Locations**

List all non-confidential locations of hazardous chemicals along with storage types and conditions associated with each location. Please note that a particular chemical may be located in several places around the facility.

Enter the types and conditions of storage for each chemical that you are reporting.

- Table II — This table lists examples of some of the common storage types that facilities use at their site. You may provide a detailed description for the storage type at your facility.
- Table III — For each location, find the appropriate storage types for pressure and temperature conditions. You may provide a description for the various conditions at your facility.

Table II - Storage Types	Table III - Pressure and Temperature Conditions
<ul style="list-style-type: none"> <li>• Above ground tank</li> <li>• Below ground tank</li> <li>• Tank inside building</li> <li>• Steel drum Plastic or non-metallic drum</li> <li>• Can</li> <li>• Carboy</li> <li>• Silo</li> <li>• Fiber drum</li> <li>• Bag</li> <li>• Box</li> <li>• Cylinder</li> <li>• Glass bottles or jugs</li> <li>• Plastic bottles or jugs</li> <li>• Tote bin</li> <li>• Tank wagon</li> <li>• Rail car</li> <li>• Battery</li> </ul>	<p><b>PRESSURE</b></p> <ul style="list-style-type: none"> <li>• Ambient pressure;</li> <li>• Greater than ambient pressure</li> <li>• Less than ambient pressure</li> </ul> <p><b>TEMPERATURE</b></p> <ul style="list-style-type: none"> <li>• Ambient temperature</li> <li>• Greater than ambient temperature</li> <li>• Less than ambient temperature but not cryogenic</li> <li>• Cryogenic conditions</li> </ul>

**Average Daily Amount**

- 1) For each hazardous chemical, estimate the average weight in pounds that was present at your facility during the year.
- 2) To do this, total all daily weights and divide by the number of days the chemical was present on the site.
- 3) Find the appropriate range value in Table I.
- 4) Enter this range value as the Average Daily Amount.

**Number of Days On-Site**

Enter the number of days that the hazardous chemical was present on-site.

**Filing Fees**

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In addition to submitting the annual Tier II information, you must also pay an annual Tier II filing fee, using the Annual Tier II Filing Fee Worksheet.

**When is the filing fee due?**

The filing fee is due no later than March 31, 2014.

**Where do I send the filing fee and fee worksheet?**

Send the filing fee and worksheet to:

Ohio Environmental Protection Agency  
Dept. L-2711  
Columbus, OH 43260-2711

Make check payable to: Treasurer, State of Ohio (Include Revenue # on check)

**When is the Report Due?**

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The report is due March 1, 2014. Tier II forms must be submitted annually by March 1 to:

- The Ohio State Emergency Response Commission (SERC)
- Local Emergency Planning Committee, and
- Fire Department with jurisdiction over the facility.

**Send:  
(Due March 1, 2014)**

**Option 1 — Paper Filing**

- 1) Facility Identification Form
- 2) Facility Map
- 3) Emergency and Hazardous Chemical Inventory Form(s)

**To:**

**State Emergency Response Commission**  
 c/o Ohio EPA  
 Lazarus Government Center  
 50 West Town St., Suite 700  
 P. O. Box 1049  
 Columbus, Ohio 43216-1049  
 Attn: SERC

**Local Emergency Planning Committee  
 Information Coordinator  
 (see pages 23-30)**

**Local Jurisdictional Fire Department**

**Option 2 — Tier 2 Submit Electronic Software**

- 1) Send labeled (name, address and county) CD or email as an attachment, certification statement, and a paper copy of site map to:

**State Emergency Response Commission**  
 c/o Ohio EPA  
 Lazarus Government Center  
 50 West Town St., Suite 700  
 P. O. Box 1049  
 Columbus, Ohio 43216-1049  
 Attn: SERC  
 Email: SERC@epa.ohio.gov

**Local Emergency Planning Committee  
 Information Coordinator  
 (see pages 23-30)**

- 2) Send a paper copy generated from the Tier 2 Submit software and site map to:

**Local Jurisdictional Fire Department**

**Send Filing Fee plus Worksheet to:**

(Due no later than March 31, 2014)

**Ohio Environmental Protection Agency**  
 Dept. L-2711  
 Columbus, Ohio 43260-2711

**Check Payable to:** Treasurer, State of Ohio  
 (please include Revenue ID# on check)

## Extremely Hazardous Substances

Title 40 of the Code of Federal Regulations (40CFR) section 370.28, implementing sections 311 and 312 of SARA Title III, requires the reporting of extremely hazardous substances (EHSs) present in pure or in mixture form, if the concentration equals, in weight, one percent (0.1 percent if carcinogenic). A facility owner or operator is required to add up all the quantities of each EHS present in several mixtures (or in pure form and in mixture) to determine whether the facility meets the threshold for reporting. The rule allows either a list of the total quantity of each EHS present, or the total quantity of each mixture containing an "EHS", noting on the Tier Two form the presence of the EHS component. The following table shows 10 EHSs which can be present in exploration and production operations and provides information on how they appear in the generic reports. Should other EHSs be present, they must be identified separately on your chemical inventory report.

### EHSs/Alphabetical Order

CAS #	EHS Name	Threshold Quantity (TQ) (pounds)	Generic Reports Listing
107-02-8	Acrolein	500	Biocides-Acrolein
79-06-1	Acrylamide	500	Acrylamide monomer
7664-41-7	Ammonia	500	Biocides-Anhydrous-Ammonia
7782-50-5	Chlorine	100	Chlorine Gas
107-15-3	Ethylenediamine	500	Surfactant-Ethylene Diamine
50-00-0	Formaldehyde	500	Biocides-Formaldehyde
7664-39-3	Hydrogen Fluoride	100	Acids, Inorganic-Hydrofluoric Acid
7783-06-4	Hydrogen Sulfide	500	Hydrogen Sulfide
7446-09-5	Sulfur Dioxide	500	Sulfur Dioxide
7664-93-9	Sulfuric Acid	500	Acids, Inorganic-Sulfuric Acid

### EHSs/CAS Number Order

CAS #	EHS Name	Threshold Quantity (TQ) (pounds)	Generic Reports Listing
50-00-0	Formaldehyde	500	Biocides-Formaldehyde
79-06-1	Acrylamide	500	Acrylamide monomer
107-02-8	Acrolein	500	Biocides-Acrolein
107-15-3	Ethylenediamine	500	Surfactant-Ethylene Diamine
7446-09-5	Sulfur Dioxide	500	Sulfur Dioxide
7664-39-3	Hydrogen Fluoride	100	Acids, Inorganic-Hydrofluoric Acid
7664-41-7	Ammonia	500	Biocides-Anhydrous-Ammonia
7664-93-9	Sulfuric Acid	500	Acids, Inorganic-Sulfuric Acid
7782-50-5	Chlorine	100	Chlorine Gas
7783-06-4	Hydrogen Sulfide	500	Hydrogen Sulfide

NOTE: If a tank battery site stores one or more "Extremely Hazardous Substances" above the assigned threshold quantity (in pounds); the owner/operator must report that substance as directed.

## Release Reporting of a Hazardous Substance

The State Emergency Response Commission (SERC) finalized a set of eight (8) release reporting rules (3750-25-01; 3750-25-05; 3750-25-10; 3750-25-12; 3750-25-13; 3750-25-15; 3750-25-20; and 3750-25-25), effective June 30, 1993. The purpose of this section is to make you aware of your reporting obligations in case of a discharge or release.

All verbal notifications made under these rules are to be reported to the Ohio EPA's Emergency Response Section, Local Emergency Planning District(s) which may be affected, and the jurisdictional fire department(s).

An owner or operator is required to report a release or discharge under 3750.06 of the Ohio Revised Code anytime there is a release or spill of a regulated chemical which exceeds its assigned Reportable Quantity (RQ) and leaves the facility property line. The regulated substances subject to the release reporting requirements are referenced below.

### Materials Subject to Release Reporting

- Extremely Hazardous Substances 40 CFR; Part 355; Appendix A and B,
- CERCLA Hazardous Substances 40 CFR Part 302; Table 302.4, and
- Oil (definition includes without limitation to, gasoline, petroleum, fuel oil, sludge, oil refuse, and oil mixed with wastes other than dredged spoil).
  - The Reportable Quantity (RQ) for the discharge of oil including crude oil into or upon navigable waters is an amount which causes a visible film or sheen upon the surface of the water.
  - The RQ for the release of oil into the environment, excluding navigable waters, is an amount of 25 gallons or more.
  - The RQ for the release of crude oil from an oil and gas extraction storage facility into the environment, excluding navigable waters, is 210 gallons.

### Verbal Notification Requirement

The verbal notification to the fire department, LEPC, and Ohio EPA shall be made within 30 minutes of knowledge of the release, unless notification within that timeframe is impractical due to uncertain circumstances. In addition, calls to The National Response Center (NRC) shall be made for those reportable quantity releases involving CERCLA hazardous substances or oil to navigable waters as soon as possible. The National Response Center (NRC) 24-hour number is 1-800-424-8802.

The release notification for 24-hour reporting of spills in the State of Ohio is:

In Ohio call: 1-800-282-9378

If the 1-800 numbers does not work, call:  
(614) 224-0946

In addition, facility must call:

- LEPC emergency coordinator
- Jurisdictional fire department

Be prepared to relay as much of the information listed below as is known or can be estimated at the time of reporting. Please remember this is an initial report and estimates can be corrected in your follow-up emergency notice report.

- Name and phone number of the person to contact for further information.
- Location and source(s) of the release or discharge.
- Chemical name or identity of any substance(s) involved in the release or discharge.
- Is the substance an extremely hazardous substance.
- Estimate of the quantity (gallons or pounds) discharged into the environment.
- Time and duration of the release or discharge.
- The environmental medium or media into which the substance was released or discharged.
- Potential health effects associated with the release or discharge of the substance.
- Report precautions taken, including evacuation, remediation, or other proposed response actions.

This information is required under ORC Section 3750.06(C) and Rule 3750- 25-25(A)(1) of the Ohio Administrative Code (OAC).

## Written Follow-up Requirements

After the release or discharge, written follow-up emergency notice must be submitted within 30 days to the Ohio EPA Emergency Response Section and the local planning committee of the planning district(s) in which the release or discharge occurred, unless the release was from a vessel, then the report is sent only to the SERC. This follow-up emergency notice is your company's opportunity to explain in its own words the circumstances and actions relating to the release of pollutants to the environment. Your written emergency notice should follow the question sequence as indicated below. If any of the questions are not applicable to your incident, indicate N/A (not applicable) for that item.

### 1. Who

Complete facility name, address and telephone number of the facility from which the release occurred. Complete name of owner and/or operator.

### 2. When

- a) Actual time, date, and duration of the discharge or release.
- b) Actual time and date of discovery of the release or discharge.
- c) Actions taken to respond to and contain the release or discharge.
- d) Indicate the spill number assigned by Ohio EPA. (If you do not know this number, call a duty officer during business-hours and ask. The telephone number is 614-644-3194). If the National Response Center was notified, please provide their assigned case number.

### 3. Location

- a) Location of facility from which the release or discharge occurred.
- b) Location of release: county, township, and city.
- c) Longitude and latitude of the release, if known.
- d) Distance and direction from nearest intersection or milepost if it was a transportation-related release or discharge.

### 4. Product Release

- a) Common and/or technical name(s) of the material(s) released or discharged and CAS Numbers(s).
- b) What was the quantity and duration of the discharge? Indicate volume(s) in gallons or pounds.

### 5. Environmental Impact

- a) Name of the environmental medium or media affected (i.e. navigable waters, land, and/or air). If navigable waters, please identify.
- b) What was the length of area of the navigable waterway affected?
- c) What was the ground surface area (square feet or yards) and depth of soil contamination?
- d) To the extent information is available; identify damage to wildlife and/or vegetation.
- e) To the extent information is available; identify impact to human health and safety (i.e. evacuations, exposure, etc.)
- f) Where appropriate, identify medical advice provided for exposed individuals and or local medical personnel.

## 6. Monitoring and Detection

- a) If the release or discharge was monitored, indicate the method of detection and concentrations detected.
- b) If the release was air-borne, how was the wind direction and speed determined?
- c) Was the public warned, and if so, how?

## 7. Mitigation, Containment Action

- a) How much product or waste was recovered or neutralized?
- b) How was the material recovered or neutralized?
- c) Were any other actions taken to reduce the impact of the discharge (containment, adsorbents, on-site treatment, etc.)?

## 8. Prevention Measures

Please provide plans to prevent recurrence of the discharge or release which may occur at this specific source. This may include: employee training, replacement of equipment, construction, or security measures such as lighting, fencing or locks.

## 9. Health Risks

List known or anticipated acute and chronic health risks of exposure associated with the substances which were released.

## 10. Permit Numbers

- a) Indicate any air, water, or other permit numbers which may be pertinent to this incident (voluntary information).
- b) If this is a NPDES/air permit, please enclose a copy of your current effluent/emission limitations.

## 11. Chronology

Provide a chronological review of the incident. Include a chronology of communications with state and local government.

## 12. Documentation

Provide any reports or other documents which pertain to the incident (e.g. accident reports, manifest, bills of lading, and laboratory analyses).

## 13. Causes

Describe any extenuating circumstances which caused the discharge.

## 14. Economic Impact

(This information is voluntary)

- a) Estimate the dollar value, if any, of the spilled product.
- b) What was the equipment damage cost (estimate)?
- c) What was the cost of spill cleanup (estimate)?
- d) What are the estimated costs of spill prevention to eliminate possible reoccurrence of this event?

This information is required pursuant to ORC Section 3750.06(D) and OAC Rule 3750-25-25(A) (2).

The written emergency notice must be submitted within 30 days of the release or discharge to:

- a) Ohio EPA, DERR—ER  
Lazarus Government Center  
50 West Town Street, Suite 700  
P.O. Box 1049  
Columbus, Ohio 43216-1049  
ATTN: ER Records Mgmt.

Note: the 30-day written spill release notice to the Ohio EPA/SERC can be submitted by attaching the report and emailing to: [cindy.stanwick@epa.ohio.gov](mailto:cindy.stanwick@epa.ohio.gov). Please reference the Ohio EPA, Emergency Response spill number on the email subject line.

- b) County LEPC Emergency Coordinator (see pages 23-30)

The statute provides that if significant additional information regarding the mandatory or voluntary information submitted becomes known during the period between submission of the written report and one (1) year after the release or discharge, the owner or operator shall submit to the LEPC and the Ohio EPA an updated written notice within three (3) days after learning of the additional information.

If this is the second oil spill release at this location within a 12 month period, or a release of over 1,000 gallons which has reached water, then you must submit a copy of your Spill Prevention Control and Counter-measure Plan (SPCC) to the U.S. EPA Regional Administrator and to Ohio EPA within 60 days from the time of the discharge as required by 40 CFR 112.4. Your SPCC plan may be submitted with your response to the 30-day written follow-up report. You may obtain SPCC information from U.S. EPA, by contacting their Hotline Center at 800-424-9346.

## Ohio Local Emergency Planning Committee Information and Emergency Coordinators by County

NOTE: This list contains the 24-hour emergency telephone numbers of LEPC Emergency Coordinators (as of 10/1/13). These numbers are to be used only to report reportable spills/releases to local officials. In the majority of cases, the 24-hour number is a dispatching number (Sheriff's Dept. /Fire Dept. /Police). Please do not call the 24-hour emergency number for general program questions or issues. This is only an emergency incident reporting telephone number.

NOTE: Questions about annual chemical inventory reports or filing fees should be directed to the information coordinator of your planning district (see below) or a state representative of the SERC (614-644-2260) or 1-888-644-2260 (toll free).

### **ADAMS COUNTY LEPC**

#### ***Information Coordinator***

Karen Sapp  
Adams Cnty. EMA  
31 Logans Lane  
West Union, OH 45693  
(937) 544-6123

#### ***Emergency Coordinator***

Karen Sapp  
Adams Cnty. EMA  
31 Logans Lane  
W. Union, OH 45693  
(937) 544-6123 (DAY)  
(937) 544-2314 (24-HR)

### **ALLEN COUNTY LEPC**

#### ***Information Coordinator***

Russell Decker  
Allen Cnty. EMA Director  
P. O. Box 1243/333 N. Main St.  
Lima, OH 45802  
(419) 993-1404

#### ***Emergency Coordinator***

Russell Decker  
Allen Cnty. EMA Director  
P. O. Box 1243/333 N. Main St.  
Lima, OH 45802  
(419) 993-1404 (DAY)  
(419) 227-3535 (24-HR)

### **ASHLAND COUNTY LEPC**

#### ***Information Coordinator***

Mark Rafeld  
Ashland Cnty. EMA  
110 Cottage St.  
Ashland, OH 44805  
(419) 282-4272

#### ***Emergency Coordinator***

Rick Anderson  
Ashland City Fire Chief  
274 Cleveland Ave.  
Ashland, OH 44805  
(419) 289-6511 (DAY)  
(419) 289-2911 (24-HR)

### **ASHTABULA COUNTY LEPC**

#### ***Information Coordinator***

Debbie Riley  
Ashtabula Cnty. EMA Secretary  
25 W. Jefferson St.  
Jefferson, OH 44047  
(440) 576-9148

#### ***Emergency Coordinator***

George Sabo  
Ashtabula Cnty. EMA Dir.  
25 W. Jefferson St.  
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(440) 576-0055 (24-HR)

### **ATHENS COUNTY LEPC**

#### ***Information Coordinator***

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#### ***Emergency Coordinator***

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### **AUGLAIZE COUNTY LEPC**

#### ***Information Coordinator***

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#### ***Emergency Coordinator***

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### **BELMONT COUNTY LEPC**

#### ***Information Coordinator***

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#### ***Emergency Coordinator***

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### **BROWN COUNTY LEPC**

#### ***Information Coordinator***

Beth Nevel  
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#### ***Emergency Coordinator***

Beth Nevel  
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### **BUTLER COUNTY LEPC**

#### ***Information Coordinator***

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#### ***Emergency Coordinator***

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**CARROLL COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**Emergency Coordinator**

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**CLARK COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**CLERMONT COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**Emergency Coordinator**

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**CRAWFORD COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**CUYAHOGA COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**DEFIANCE COUNTY LEPC****Information Coordinator**

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**DELAWARE COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**ERIE COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**FAYETTE COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**FULTON COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

Heather Kost  
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**GALLIA COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**Emergency Coordinator**

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(419) 674-7171 (24-HR)

**HARRISON COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

Lorna Bower  
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(740) 942-2197 (24-HR)

**HENRY COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**HIGHLAND COUNTY LEPC****Information Coordinator**

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James A. Lyle  
Highland Cnty. EMA Dir.  
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**HOCKING COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**HOLMES COUNTY LEPC****Information Coordinator**

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**HURON COUNTY LEPC****Information Coordinator**

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**JACKSON COUNTY LEPC****Information Coordinator**

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**JEFFERSON COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**KNOX COUNTY LEPC****Information Coordinator**

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**LAKE COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**LAWRENCE COUNTY LEPC****Information Coordinator**

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**LICKING COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**LOGAN COUNTY LEPC****Information Coordinator**

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**LORAIN COUNTY LEPC****Information Coordinator**

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**LUCAS COUNTY LEPC****Information Coordinator**

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**MADISON COUNTY LEPC****Information Coordinator**

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**MAHONING COUNTY LEPC****Information Coordinator**

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**MARION COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**MEDINA COUNTY LEPC****Information Coordinator**

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**MEIGS COUNTY LEPC****Information Coordinator**

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**MERCER COUNTY LEPC****Information Coordinator**

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**MIAMI COUNTY LEPC****Information Coordinator**

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**MONROE COUNTY LEPC****Information Coordinator**

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**MONTGOMERY/GREENE CO. LEPC****Information Coordinator**

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**MORGAN COUNTY LEPC****Information Coordinator**

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**MORROW COUNTY LEPC****Information Coordinator**

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503 Fairgrounds Dr. (Suite 2)  
Paulding, OH 45879  
(419) 399-3500 (DAY)  
(419) 399-3791 (24-HR)

**PERRY COUNTY LEPC****Information Coordinator**

Rita Spicer  
Perry Cnty. LEPC  
121 West Brown St., P.O. Box 657  
New Lexington, OH 43764  
(740) 342-1141

**Emergency Coordinator**

Rita Spicer  
Perry Cnty. EMA  
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New Lexington, OH 43764  
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(740) 342-4123 (24-HR)

**PICKAWAY COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**PIKE COUNTY LEPC****Information Coordinator**

Kelli Sanders  
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Waverly, OH 45690  
(740) 947-2111

**Emergency Coordinator**

Richard Henderson  
Pike Cnty. Sheriff  
116 S. Market St, Suite 200.  
Waverly, OH 45690  
(740) 947-2111 (DAY)  
(740) 947-2111 (24-HR)

**PORTAGE COUNTY LEPC****Information Coordinator**

Kellie Kepple  
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Ravenna, OH 44266  
(330) 297-4571

**Emergency Coordinator**

Jon Barber  
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8240 Infirmary Rd.  
Ravenna, OH 44266  
(330) 297-3607 (DAY)  
(330) 296-0222 (24-HR)

**PREBLE COUNTY LEPC****Information Coordinator**

Dave Anderson  
Preble Cnty. EMA  
6818 U.S. 127 North  
Eaton, OH 45320  
(937) 456-6742

**Emergency Coordinator**

Dave Anderson  
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Eaton, OH 45320  
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**PUTNAM COUNTY LEPC****Information Coordinator**

Anita Stechschulte  
Putnam Cnty. EMA  
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(419) 538-7315

**Emergency Coordinator**

Steve Odenweller  
Putnam Cnty. EMA  
117 Dr. Thatye Dr./P. O. Box 370  
Ottawa, OH 45875  
(419) 538-7315 (DAY)  
(419) 523-3208 (24-HR)

**RICHLAND COUNTY LEPC****Information Coordinator**

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597 Park Ave. East  
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**Emergency Coordinator**

Keith Markley  
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Mansfield, OH 44905  
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**ROSS COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**SANDUSKY COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**Emergency Coordinator**

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**Emergency Coordinator**

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**SHELBY COUNTY LEPC****Information Coordinator**

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(937) 492-5635

**Emergency Coordinator**

Chris Drinkwine  
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800 Fair Rd.  
Sidney, OH 45365  
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(937) 498-1111 (24-HR)

**STARK COUNTY LEPC****Information Coordinator**

Don McDonald  
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Canton, OH 44705  
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**Emergency Coordinator**

Tim Warstler  
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**SUMMIT COUNTY LEPC****Information Coordinator**

Smoot  
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**Emergency Coordinator**

Valerie DeRose  
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**TRUMBULL COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

Linda Beil  
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**TUSCARAWAS COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**Emergency Coordinator**

Jamie Patton  
Union Cnty. Sheriff's Office  
221 W. 5th St.  
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**VAN WERT COUNTY LEPC****Information Coordinator**

Rick McCoy  
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**Emergency Coordinator**

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**Emergency Coordinator**

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**WARREN COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

Jim Bolen  
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500 Justice Dr.  
Lebanon, OH 45036  
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(513) 695-1289 (24-HR)

**WASHINGTON COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**Emergency Coordinator**

Bruce Siders  
City of Bryan Fire Chief  
304 W. High St.  
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**WOOD COUNTY LEPC****Information Coordinator**

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**Emergency Coordinator**

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**Emergency Coordinator**

Michael R. Hetzel  
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235 ½ N. Sandusky Ave.  
Upper Sandusky, OH 43351  
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## Ohio Local Emergency Planning Committee Email Addresses by County

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[sherry911@gallianet.net](mailto:sherry911@gallianet.net)**Geauga County**[dwedge@co.geauga.oh.us](mailto:dwedge@co.geauga.oh.us)**Greene County**

see Montgomery-Greene County

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**State Emergency Response Commission**

[epa.ohio.gov/dapc/serc.aspx](http://epa.ohio.gov/dapc/serc.aspx)

**Ohio Environmental Protection Agency**

[epa.ohio.gov](http://epa.ohio.gov)

**Ohio Emergency Management Agency**

[ema.ohio.gov](http://ema.ohio.gov)

**Ohio Department of Natural Resources**

**Division of Oil & Gas Resources**

[oilandgas.ohiodnr.gov](http://oilandgas.ohiodnr.gov)

**State Fire Marshal**

**Bureau of Underground Storage Tank Regulations**

[com.ohio.gov/fire/default.aspx](http://com.ohio.gov/fire/default.aspx)

**U.S. EPA**

[epa.gov/emergencies/programs.htm](http://epa.gov/emergencies/programs.htm)



**State Emergency  
Response Commission**

**Tier Two Emergency and Hazardous Chemical Inventory  
Oil and Gas Well Multi-Facility Form**

c/o Ohio EPA, Lazarus Government Center  
50 W. Town St., Ste. 700  
PO Box 1049  
Columbus, OH 43216-1049

Reporting Period: January 1 to December 31, 2013

Check if form is identical to form submitted last year

EHS Reported

Facility Name Change

First Time Filer

Previous Facility Name:

County: COLUMBIANA

**Part I. Facility Identification**

An owner or operator of multiple facilities can file a generic multiple facility Tier II report for similar facilities as long as: (1) the facilities are located within the same county; (2) the maximum and daily amounts of the chemical stored at the facilities (e.g. crude oil) are within the same range. The required facility specific information can be attached to two-page reporting forms as a spreadsheet, and submitted, along with the facility maps.

Information to be included in the attached spreadsheet:

- |                  |                           |
|------------------|---------------------------|
| a. Facility Name | d. State                  |
| b. Address       | e. Zip Code               |
| c. City          | f. Latitude and Longitude |

**Part II: Additional Facility Specific Information:**

An owner or operator filing a multiple facility report can complete the **Additional Facility Specific Information Section** if the information is the same for all facilities included in the multiple facility report. If the information is different for specific locations, this information should be included in the spreadsheet which will be attached to this generic report.

Maximum No. of Occupants: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Manned <input checked="" type="checkbox"/> Unmanned	NAICS Code 211111	Telephone Number (include area code) ( 123 ) 456 — 7865
---	--	----------------------	--

Dun & Bradstreet # 12 — 657 — 0012	TRI Facility ID# <input checked="" type="checkbox"/> N/A	RMP ID# <input checked="" type="checkbox"/> N/A
---------------------------------------	--	---

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?  Yes  No

Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)?  Yes  No

**Part III: Owner, Operator and Contact Information**

Owner or Operator Information		Parent Company Information (optional)	
Name BEATTY OIL & GAS PRODUCTION, LLC	Name	Dun & Bradstreet # — —	
Address 1462 ELMO BLVD	Address		
City GEOTHERMAL	State OH	City	State
Email jbd45@yugo.com	Email		
Telephone Number (include area code) ( 123 ) 456 — 7865	Telephone Number (include area code) ( ) —		

Facility Emergency Coordinator (if applicable)		Tier II Information Contact	
Name JOHNNIE COORDINATOR	Name PHIL NOGOOD		
Title PRODUCTION MANAGER	Title REGULATORY COMPLIANCE		
Email jcoordinator@yugo.com	Email pnog5@yugo.com		
Telephone Number (include area code) ( 123 ) 567 — 7866	24-hour Number (include area code) ( 800 ) 654 — 9801	Telephone Number (include area code) ( 123 ) 456 — 7880	

**Emergency Contacts**

Name JOHNNIE COORDINATOR	Name SARAH CONTINIA		
Title PRODUCTION MANAGER	Title HEALTH AND SAFETY COORDINATOR		
Email jcoordinator@yugo.com	Email scontinia@yugo.com		
Telephone Number (include area code) ( 123 ) 567 — 7866	24-hour Number (include area code) ( 800 ) 654 — 9801	Telephone Number (include area code) ( 123 ) 567 — 7901	24-hour Number (include area code) ( 123 ) 567 — 7901

**Part IV: Certification**

**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 one through 12, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Name of owner/operator OR owner/operator's authorized representative JIMBO BEATTY III	Official title of owner/operator OR owner/operator's authorized representative OWNER
Signature	Date Signed 02 / 23 / 2014



State Emergency Response Commission

### Oil and Gas Well Multi-Facility Form

4.1 Parent Company Name: BEATTY OIL AND GAS PRODUCTION LLC

4.2 For filing date: 3/1/2014

Page 1 of 12

Address: 1256 AMANDA LANE

City: GALLIPOLIS

State: OH

Zip: 44670

Spreadsheet of facility information attached  Yes  No

4.2  Check if Revision

4.3  Site Map Attached

4.4  Check here if storage location and facility map are confidential

5.0 Chemical Description				Physical and Health Hazards	Storage Locations	Type of Storage	Storage Conditions		Inventory Amount (lbs. or range code)			
							Temp	Pressure	Maximum Amount	Average Daily Amount	Days Onsite	
1	<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture	EHS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trade Secret <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Information is identical to last year	<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	1. OUTSIDE STORAGE AREA	ABOVE GROUND TANK #1	AMBIENT TEMP	AMBIENT PRESSURE	06	05	365
Chemical Name: PETROLEUM CRUDE OIL				<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	2.							
CAS No. 8002-05-09					3.							
If mixture, Name of EHS(s) Name:			Maximum Amount of each EHS in the Mixture		4.							
CAS No.			Range Code:									
Non-EHS(s) Name (optional):												

2	<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture	EHS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trade Secret <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Information is identical to last year	<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	1. OUTSIDE STORAGE AREA	ABOVE GROUND TANK #2	AMBIENT TEMP	AMBIENT PRESSURE	06	06	365
Chemical Name: BRINE/PRODUCE WATER				<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	2.							
CAS No.					3.							
If mixture, Name of EHS(s) Name:			Maximum Amount of each EHS in the Mixture		4.							
CAS No.			Range Code:									
Non-EHS(s) Name (optional):												

Table I: Range Values with Weight Range in Pounds

Table II: Storage Types

Table III: Pressure and Temperature Conditions

Range Value	From	To		
01	0	99	<ul style="list-style-type: none"> <li>Above Ground Tank</li> <li>Below Ground Tank</li> <li>Tank inside building</li> <li>Stell drum plastic or non-metallic drum</li> <li>Can</li> <li>Carboy</li> <li>Silo</li> <li>Fiber Drum</li> </ul>	<ul style="list-style-type: none"> <li>Bag</li> <li>Box</li> <li>Cylinder</li> <li>Glass bottles or jugs</li> <li>Plastic bottles or jugs</li> <li>Tote bin</li> <li>Tank w agon</li> <li>Rail car</li> <li>Battery</li> </ul>
02	100	499		
03	500	999		
04	1,000	4,999		
05	5,000	9,999		
06	10,000	24,999		
07	25,000	49,999		
08	50,000	74,999		
09	75,000	99,999		
10	100,000	499,999		
11	500,000	999,999		
12	1,000,000	9,999,999		
13	10,000,000	Greater than 10 million		

#### PRESSURE

- Ambient pressure;
- Greater than ambient pressure
- Less than ambient pressure

#### TEMPERATURE

- Ambient temperature
- Greater than ambient temperature
- Less than ambient temperature but not cryogenic
- Cryogenic conditions



**State Emergency  
Response Commission**

**Tier Two Emergency and Hazardous Chemical Inventory  
Oil and Gas Well Multi-Facility Form**

c/o Ohio EPA, Lazarus Government Center  
50 W. Town St., Ste. 700  
PO Box 1049  
Columbus, OH 43216-1049

Reporting Period: January 1 to December 31, 2013

Check if form is identical to form submitted last year

EHS Reported

Facility Name Change

First Time Filer

Previous Facility Name:

County:

**Part I. Facility Identification**

An owner or operator of multiple facilities can file a generic multiple facility Tier II report for similar facilities as long as: (1) the facilities are located within the same county; (2) the maximum and daily amounts of the chemical stored at the facilities (e.g. crude oil) are within the same range. The required facility specific information can be attached to two-page reporting forms as a spreadsheet, and submitted, along with the facility maps.

Information to be included in the attached spreadsheet:

- |                  |                           |
|------------------|---------------------------|
| a. Facility Name | d. State                  |
| b. Address       | e. Zip Code               |
| c. City          | f. Latitude and Longitude |

**Part II: Additional Facility Specific Information:**

An owner or operator filing a multiple facility report can complete the **Additional Facility Specific Information Section** if the information is the same for all facilities included in the multiple facility report. If the information is different for specific locations, this information should be included in the spreadsheet which will be attached to this generic report.

Maximum No. of Occupants: <input type="checkbox"/> N/A	<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned	NAICS Code 211111	Telephone Number (include area code) ( ) —
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Dun & Bradstreet # — —	TRI Facility ID# <input type="checkbox"/> N/A	RMP ID# <input type="checkbox"/> N/A
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Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?  Yes  No

Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)?  Yes  No

**Part III: Owner, Operator and Contact Information**

Owner or Operator Information		Parent Company Information (optional)	
Name		Name	Dun & Bradstreet # — —
Address		Address	
City	State	City	State
Email		Email	
Telephone Number (include area code) ( ) —		Telephone Number (include area code) ( ) —	

Facility Emergency Coordinator (if applicable)		Tier II Information Contact	
Name		Name	
Title		Title	
Email		Email	
Telephone Number (include area code) ( ) —	24-hour Number (include area code) ( ) —	Telephone Number (include area code) ( ) —	

**Emergency Contacts**

Name		Name	
Title		Title	
Email		Email	
Telephone Number (include area code) ( ) —	24-hour Number (include area code) ( ) —	Telephone Number (include area code) ( ) —	24-hour Number (include area code) ( ) —

**Part IV: Certification**

**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 one through \_\_\_\_\_, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Name of owner/operator OR owner/operator's authorized representative	Official title of owner/operator OR owner/operator's authorized representative
Signature	Date Signed / /



State Emergency Response Commission

### Oil and Gas Well Multi-Facility Form

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4.2 For filing date: 3/1/

Page of

Address:

City:

State:

Zip:

Spreadsheet of facility information attached  Yes  No

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Chemical Name: CAS No. If mixture, Name of EHS(s) Name: CAS No. Non-EHS(s) Name (optional):	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive (Acute) <input type="checkbox"/> Delayed (Chronic)	2.						
Maximum Amount of each EHS in the Mixture Range Code:		3.						
		4.						
2 <input type="checkbox"/> Pure <input type="checkbox"/> Mixture <input type="checkbox"/> EHS Yes <input type="checkbox"/> EHS No <input type="checkbox"/> Trade Secret Yes <input type="checkbox"/> Trade Secret No <input type="checkbox"/> Information is identical to last year	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	1.						
Chemical Name: CAS No. If mixture, Name of EHS(s) Name: CAS No. Non-EHS(s) Name (optional):	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive (Acute) <input type="checkbox"/> Delayed (Chronic)	2.						
Maximum Amount of each EHS in the Mixture Range Code:		3.						
		4.						

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02	100	499		
03	500	999		
04	1,000	4,999		
05	5,000	9,999		
06	10,000	24,999		
07	25,000	49,999		
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State Emergency  
Response Commission

## Facility Annual Chemical Filing Fee Worksheet (Oil and Gas Extraction and Storage Site(s))

Date Due \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Facility Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ OH Zip \_\_\_\_\_ - \_\_\_\_\_  
 Revenue ID \_\_\_\_\_ Revenue Type \_\_\_\_\_ RTKOG \_\_\_\_\_  
 County \_\_\_\_\_

Ohio EPA Use ONLY	
Check ID#	_____
Check Date	_____
Check #	_____
Check Amount	\$ _____

### I. Fee Calculation

Line A: Base inventory filing fee	\$ 50.00	(A)
Line B: Write the total number of storage facilities which you reported in excess of 10,000 pounds (32/33 barrels) of petroleum crude oil or other hazardous substance(s) on site in connection with the production or storage of crude oil.	\$ _____	(B)
Line C: Subtract 25 from the amount listed on Line B (if this number is less than 0, enter 0).	\$ _____	(C)
Line D: Multiply the amount on Line C _____ x \$10	\$ _____	(D)
Line E: Add the total on Line D to Line A. If the total amount exceeds \$900, enter \$900 on Line E.	\$ _____	(E)

### II. List county(ies) and the total number of wells for each which your parent company has operating oil and gas extraction/storage site(s)


### III. Credits

Line F: Enter any credits that were paid to any city or municipality as a result of a "grandfathered" local Right-to-Know (RTK) program. (Any facility claiming this credit must attach a receipt or other document showing the amount paid and that the purpose was for community RTK). If no fee was paid, enter zero (0).	\$ _____	(F)
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### IV. Late Fees

Line G: If your inventory and filing fee is postmarked after March 31, your facility must pay a 10% late filing fee. Enter Line E _____ x .10	\$ _____	(G)
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### V. Total Filing Fee Due

Line H: Subtract Line F from Line E, then add Line G if applicable. <b>Amount on Line H is your facility's annual inventory filing fee.</b>	(E - F + G)	\$ _____	(H)
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If you need assistance, please call (614) 644-2260 or 1-888-644-2260 (toll-free)

**Make checks payable to: Treasurer, State of OHIO EPA**  
**Return this form to: Ohio EPA, Dept. L-2711, Columbus, OH 43260-2711**  
 Please include Revenue ID# on check