RESPONSE PLAN COVER SHEET

FORM APPROVED
OMB NO. XXXXX
APPROVAL EXPIRES [DATE]

IMPORTANT

This form is intended to be computer readable. To complete this form, entirely fill in the desired circle with black or blue ink. Please do not fold, staple, or mutilate this form. Return this form in a 9" x 12" envelope. Please print requested information in BOXES for each individual question.

CORRECT MARK

●

INCORRECT MARKS

⊘ ○ ⊙ ⊗ ◕

EXAMPLE:

NAME

E P A

OWNER / OPERATOR OF FACILITY

LAST NAME - First 15 letters: B A L L

FIRST NAME - First 12 letters: S T E V E N

FACILITY NAME

First 20 letters: W I L L I A M S _ P I P E _ L I N E _ C

INSTRUCTIONS

This form is designed to accompany a submitted Response Plan.

Explanations and detailed instructions can be found in Appendix G.

Facility information contained here will be returned with the Response Plan.

LARGEST TANK CAPACITY (GALLONS): 0 0 2 3 2 1 7 6 0

MAXIMUM STORAGE CAPACITY (GALLONS): 0 0 3 6 0 0 2 4 0

NUMBER OF TANKS: 0 0 6

GENERAL INFORMATION

Public reporting burden for the collection of this information is estimated to vary from one hour to 270 hours per response in the first year, with an average of 5 hours per response. This estimate includes time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate of this information, including suggestions for reducing this burden to : Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

(CONTINUED)

- ***REMEMBER***

USE BLACK OR BLUE INK
DO NOT FOLD, STAPLE, OR MUTILATE THIS FORM

FACILITY ADDRESS (Street address, route or box)

Indicate a space in the address by filling in the blank circle at the top of the column.

RT 2 BOX 112

CITY (first 15 letters)

WATHENA

STATE

KS

U.S. ZIP CODE

66090-

FACILITY PHONE NUMBER

area code 913 989-3448

DUN & BRADSTREET NUMBER

007187035

STANDARD INDUSTRIAL CLASSIFICATION (SIC)

4613

WORST CASE DISCHARGE AMOUNT (GALLONS)

0001608 8

 St. Joe

DETERMINATION OF SUBSTANTIAL HARM

Does the facility operation include over-water transfers* of oil to or from vessels and does the facility have a maximum capacity greater than or equal to 42,000 gallons? ○ yes ● no

Does the facility lack adequate secondary containment* for each aboveground storage area sufficiently large to contain the capacity of the largest aboveground storage tank within that storage area and is the total storage capacity greater than or equal to one million gallons? ○ yes ● no

Is the facility located at a distance* that would shut down a public drinking water intake and is the total storage capacity greater than or equal to one million gallons? ● yes ○ no

Is the facility located at a distance* that could cause injury to an environmentally sensitive area as referenced in Appendix D and is the total storage capacity greater than or equal to one million gallons? ● yes ○ no

Within the past five years, has the facility experienced a reportable spill* exceeding 10,000 gallons and is the total storage capacity greater than or equal to one million gallons? ○ yes ● no

* Explanations of the above referenced terms can be found in Appendix C. If an alternative formula to the ones contained in Attachment C-III is used to establish the appropriate distance to sensitive environments or drinking water intakes, documentation of the reliability and analytical soundness of the formula must be attached to this form.

ADDITIONAL INFORMATION

LATITUDE (DEGREES: NORTH)		
degrees	min.	sec.
39	45	06

LONGITUDE (DEGREES: WEST)		
degrees	min.	sec.
094	55	48

FACILITY DISTANCE TO NAVIGABLE WATER:
Fill the appropriate circle.

- 0 - 1/4 mile ○
- 1/4 - 1/2 mile ○
- 1/2 - 1 mile ○
- > 1 mile ●

● *REMEMBER*
USE BLUE OR BLACK INK
DO NOT FOLD, STAPLE, OR MUTILATE THIS FORM

CERTIFICATION

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

Joyce C. Chillingworth
Signature

Joyce C. Chillingworth
Name (please type or print)

Environmental Engineer
Title

6/3/93
Date