

Facility Name: AMERIGAS PROPANE INC BALTIMORE PLANT

FACILITY IDENTIFICATION:

AMERIGAS PROPANE INC BALTIMORE PLANT  
Dept:  
1893 REYNOLDSBURG BALTIMORE ROAD  
BALTIMORE, OH 43105 USA  
County: FAIRFIELD  
Fire District: BALTIMORE  
Latitude: 39.850191  
Longitude: -82.62609  
MAILING ADDRESS: 7265 INDUSTRIAL PARKWAY  
PLAIN CITY, OH 43062 USA  
Facility Phone: 800-722-5757

All facility information (not including chemical information) is identical to last year's submission

IDENTIFICATION NUMBERS:

Dun & Bradstreet: 83-5406539 (LIQ PETROL GAS)  
NAICS: 424710 (Petroleum Bulk Stations and Terminals)

Is the facility manned?  Manned  Unmanned

Maximum No. of Occupants: 3

REGULATORY INFORMATION:

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?  Yes  No  
Subject to Chem. Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Mgmt. Pgm.)?  Yes  No

CONTACT INFORMATION:

Amerigas Propane INC.,  
Title: Owner Contact Type 1: Owner / Operator  
Address: po box 965, Vall Forge, PA, 19482 USA  
Phones: Emergency: 800-722-5757  
Email: emmuel.snyder@amerigas.com

RECEIVED  
APR 11 2019  
FAIRFIELD COUNTY  
OFFICE OF EMERGENCY MANAGEMENT  
AND HOMELAND SECURITY

Snyder, Emmuel  
Title: Operations Manager Contact Type 1: Emergency Contact Contact Type 2: Tier II Information Contact Contact Type  
3: Fac. Emergency Coordinator  
Address: 7265 Industrial Parkway, Plain City, OH, 43064 USA  
Phones: 24-hour: 614-309-1667 Work: 800-722-5757 Emergency: 800-722-5757  
Email: emmue;.snyder@amerigas.com

Spearman, Brad  
Title: District Manager Contact Type 1: Emergency Contact Contact Type 2: Fac. Emergency Coordinator  
Address: 7265 Industrial Parkway, Plain City, OH, 43064 USA  
Phones: 24-hour: 740-255-6955 Emergency: 800-722-5757 Mobile - Cell: 740-255-6955  
Email: Brad.spearman@amerigas.com

JOINT BASIL FIRE,

Tier Two

Reporting Period: January 1 to December 31, 2018

Emergency and Hazardous Chemical Inventory

Page 2

Specific Information by Chemical

Printed: February 7, 2019

Facility Name: AMERIGAS PROPANE INC BALTIMORE PLANT

Contact Type 1: Fire Department

Address: 410 WEST WASHINGTON STREET, BALTIMORE, OH, 43105 USA

Phones: 24-hour: 911 Emergency: 740-862-8596

CHEMICAL DESCRIPTIONS:

CHEM NAME: LIQUEFIED PETROLEUM GAS

CAS: 74-98-6 EHS: No

Identical to previous year

TRADE SECRET

Pure  Mix  Solid  Liquid  Gas

CHEMICAL COMPONENTS:

EHS, CAS: 74-98-6, Component: LIQUIFIED PETROLUEM GAS, 100% Vol, Max Amt code: 10 (100,000 - 499,999 pounds)

PHYSICAL HAZARDS:

- |  |  |
|--|--|
| <input type="checkbox"/> Explosive                                 | <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) |
| <input type="checkbox"/> Oxidizer (liquid, solid or gas)           | <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 checked="" type="checkbox"/> Gas under pressure (compressed gas)  |
| <input type="checkbox"/> In contact with water emits flammable gas | <input type="checkbox"/> Combustible Dust                                |

HEALTH HAZARDS:

- |  |  |
|--|--|
| <input type="checkbox"/> Acute toxicity (any route of exposure)          | <input type="checkbox"/> Carcinogenicity   |
| <input type="checkbox"/> Skin corrosion or irritation                    | <input type="checkbox"/> Reproductive toxicity                                     |
| <input checked="" type="checkbox"/> Serious eye damage or eye irritation | <input type="checkbox"/> Specific target organ toxicity (single/repeated exposure) |
| <input checked="" type="checkbox"/> Respiratory or skin sensitization    | <input type="checkbox"/> Aspiration hazard   |
| <input type="checkbox"/> Germ cell mutagenicity                          | <input type="checkbox"/> Simple Asphyxiant   |

Hazard Not Otherwise Classified

INVENTORY:

Below Reporting Thresholds

Max Daily Amt code: 10 (100,000 - 499,999 pounds)

Avg Daily Amt code: 10 (100,000 - 499,999 pounds)

No. of days on-site: 365

STORAGE LOCATIONS:

Confidential

Container Type: Above ground tank Pressure: Ambient pressure Temp: Ambient temperature Location: IN PLANT

Amount: 101760 pounds

CHEMICALS IN INVENTORY STATE FIELDS:

Ohio requests the following:

Location is confidential

Fee classification for this reported substance: Hazardous Chemical

FACILITY STATE FIELDS:

Ohio requests the following:

Initial Filing (First Time Filer)

Updated Filing

Annual Filing

Confidential Location Forms Included

Total EHS Chemicals Included:

Number of Chemicals Included: 1

Site or Operating Division Name:

Facility Name has changed

Facility Name: AMERIGAS PROPANE INC BALTIMORE PLANT

Name of previous facility name (if known):

Owner / Operator has changed

Name of previous parent company/owner (if known):

STATE / LOCAL FEES: \$150.00

I have attached a site plan

I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

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

EMMUEL S SNYDER

Name and official title of owner/operator  
OR owner/operator's authorized representative

Signature



2/7/2019

Date signed

## Noland, Christine F

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**From:** Snyder, Emmuel <Emmuel.Snyder@amerigas.com>  
**nt:** Thursday, April 11, 2019 12:01 PM  
**to:** Noland, Christine F  
**Subject:** Amerigas Propane  
**Attachments:** DOC041119-04112019120544.pdf

Here is a copy for you. Filed and paid for.

Emmuel S Snyder  
AmeriGas  
Operations Manager, 5483 Columbus  
7265 Industrial Parkway  
Plain City, Ohio 43061  
w) 800-722-5757  
m) 614-309-1667  
emmuel.snyder@amerigas.com

-----Original Message-----

**From:** Toshiba\_5483S [mailto:Toshiba\_5483S@Amerigas.com]  
**nt:** Thursday, April 11, 2019 12:06 PM  
**to:** Snyder, Emmuel  
**Subject:** Send data from MFP11711748 04/11/2019 12:05

Scanned from MFP11711748  
Date:04/11/2019 12:05  
Pages:4  
Resolution:200x200 DPI  
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State Emergency  
Response Commission

### Facility Annual Chemical Filing Fee Worksheet

Complete this worksheet to determine the required filing fee amount. Detach the bottom portion at the perforation and include the stub, along with a check in your envelope. Please make check payable to the "Treasurer State of Ohio" and include the Revenue ID number on check. The top portion may be kept for your records.

**DO NOT put anything besides the stub and check payment in the envelope.**

AMERIGAS.PROPANE	Revenue ID: 1281198
1893 REYNOLDSBURG BALTIMORE RD BALTIMORE, Ohio 43105 FAIRFIELD	Check Date: _____ Check #: _____ Check Amount: \$ _____
Please answer the following questions:	
1) Reporting facility has reported # _____ extremely hazardous substance(s); pure or mixture component.	
2) Facility has reported # _____ hazardous chemical(s); as defined under OSHA 1910.1200 and having a safety data sheet. Do not count extremely hazardous substance(s) reported in #1 above.	
A. Base inventory filing fee, reporting one or more hazardous chemicals under the Emergency Planning and Community Right-to-Know Act.	\$ 150.00 (A)
B. Number of extremely hazardous substance(s) given in #1 above, multiplied by \$150.00	\$ _____ (B)
C. Number of hazardous substance(s) as identified in #2 above, multiplied by \$20.00	\$ _____ (C)
Total (A + B + C) \$ _____ (D)	
E. Credit. If you paid a right-to-know fee to a city as the result of a grandfathered local law, enter the amount paid to that local for the same reporting period on line E. (You must email a copy of the receipt or other documentation for the current reporting period showing the amount paid and that the purpose was for community right-to-know. Please email local fee documentation to <a href="mailto:SERC@epa.ohio.gov">SERC@epa.ohio.gov</a> and reference the company name and Revenue ID#. If no fee was paid enter zero (0) on line E. If your local fee is greater than the amount on line D, enter zero (0) on line G.	\$ _____ (E)
F. If your payment is postmarked after March 31, a 10% late filing fee is assessed.	\$ _____ (F)
<b>Total annual inventory filing fee due</b>	<b>Total (D - E + F) \$ _____ (G)</b>

**REMOVE THIS STUB. Please only mail stub with check. Do not mail top portion.**

Name: AMERIGAS PROPANE  
Agency ID: 556795  
Fee Name: Right-to-Know

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO Box 77005  
Cleveland, OH 44194-7005

Due Date:	March 1, 2019
Revenue ID:	1281198
Amount Due:	
Type Code:	RTKAO

1281198 0000000000 RTKAO 0000000000 9