

Facility: Frontier Amanda RSU-3 - 132 W. CHURCH ST (FTR- 942-51054-82705)

FACILITY NAME AND LOCATION:

Frontier Amanda RSU-3 - 132 W. CHURCH ST (FTR- 942-51054-82705)

Dept:

132 W. CHURCH ST

AMANDA, OH 43102 USA

County: Fairfield

Fire District: Amanda Township Fire Department ID: 29197

Latitude: 39.6353361

Longitude: -82.7379389

MAILING ADDRESS: 2201 Avenue I

Plano, TX 75074 USA

1-0

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

IDENTIFICATION NUMBERS:

Dun & Bradstreet: 6918296

NAICS: 517311 (Wired Telecommunications Carriers)

EIN: 590397520

SIC: 4813 (TELEPHONE COM, EXCEPT RADIO)

Is the facility manned? Manned Unmanned

Maximum No. of Occupants: 0

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

STATE-SPECIFIC FACILITY DATA FIELDS FOR OH:

Confidential Location Forms Included

Facility Name has changed

Previous facility name (if known):

Owner / Operator has changed

Previous parent company/owner (if known):

Initial Filing (First Time Filer)

Updated Filing

Annual Filing

Total EHS Chemicals Included: 1

Number of Chemicals Included: 1

CONTACT INFORMATION:

Baden, Brent

Title: Facility Supervisor

Contact Type(s): Emergency Contact, Fac. Emergency Coordinator

Address: 115 N LYNN ST, BRYAN, OH USA

Phones: 24-hour: 972-424-1680 Work: 419-636-3755

Email: Brent.Baden@ftr.com

Weller, Jason

Title: - Manager, Frontier EH&S

Contact Type(s): Owner / Operator

Address: 2201 Avenue I, Plano, TX 75074 USA



Facility: Frontier Amanda RSU-3 - 132 W. CHURCH ST (FTR- 942-51054-82705) (continued)

Phones: 24-hour: 800-590-6605 Work: 972-424-1680
Email: jason.weller@ftr.com

Weller, Jason

Title: Manager, Frontier EH&S
Contact Type(s): Emergency Contact, Tier II Information Contact
Address: 2201 Avenue I, Plano, TX 75074 USA
Phones: 24-hour: 800-590-6605 Work: 800-590-6605
Email: jason.weller@ftr.com

CHEMICAL INVENTORY INFORMATION:

Mixture or Product Name: LEAD ACID BATTERIES

CAS #:

EHS: Yes No
 Pure Mixture
 Solid Liquid Gas
 Identical to previous year
 Trade secret

PHYSICAL HAZARDS:

Explosive
 Flammable (gases, aerosols, liquids, or solids)
 Oxidizer (liquid, solid, or gas)
 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

HEALTH HAZARDS:

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

AMOUNTS:

Below Reporting Thresholds
Maximum Amount: 9960 pounds Maximum Amount code: 05 (5,000 - 9,999 pounds)
Average Daily Amount: 9960 pounds Average Daily Amount code: 05 (5,000 - 9,999 pounds)
Max amount in largest container: 415 pounds
Days on site: 365

STORAGE LOCATIONS:

Confidential: Yes No

Container Type: Battery Pressure: Ambient pressure Temperature: Ambient temperature
Amount: 9960 pounds Location Description: Floor 1

MIXTURE COMPONENTS:

Name: SULFURIC ACID CAS #: 7664-93-9 EHS
Max Amt Code: 03 (500 - 999 pounds) Component Percentage: 8.67 (by weight)

Facility: Frontier Amanda RSU-3 - 132 W. CHURCH ST (FTR- 942-51054-82705) (continued)

STATE-SPECIFIC CHEMICAL DATA FIELDS FOR OH:

Fee classification for this reported substance: Extremely Hazardous Substance (EHS)

State/local fees: None

- 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 in pages 136 through 138, 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.



Signature

01/03/2020

Date signed

Jason Weller - Manager, Frontier EH&S

Name and official title of owner/operator

OR owner/operator's authorized representative