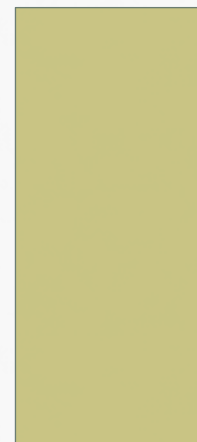


NEBRASKA TIER II BASICS

MARK LOHNES
NDEQ
SARA TITLE III COORDINATOR



TIER II IN NEBRASKA



- Origin of the program
 - Nationally
 - In Nebraska
- How data is collected
- What we look for
- How the data is used

ORIGIN OF TIER II



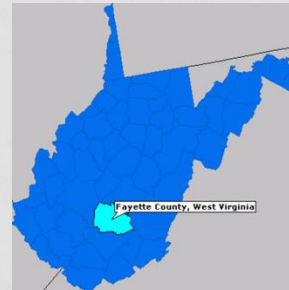
- Bhopal, India – December 3, 1984



ORIGIN OF TIER II



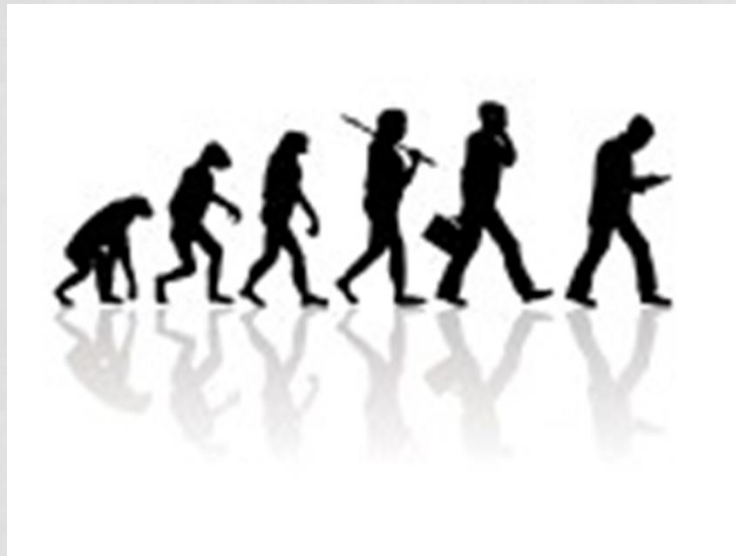
- Institute West Virginia – August 1985



ORIGIN OF TIER II



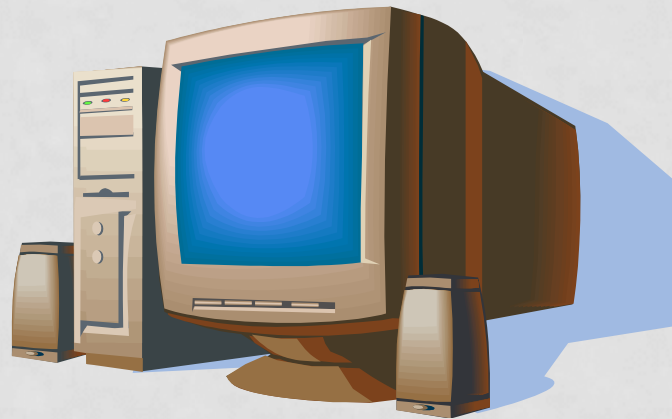
- In Nebraska
 - 1988, NDEQ & SFM
 - Paper forms / Data entry
 - 2008 Electronic entry



HOW DATA IS COLLECTED



- On-line system...
 - Password
 - Entry
 - E-mail




WHAT WE LOOK FOR



- The form...

REPORT DUE ON OR BEFORE MARCH 1, 2013 READ INSTRUCTIONS BEFORE COMPLETING
 REPORTING PERIOD: JANUARY 1 TO DECEMBER 31, 2012 Use the reverse side for additional chemicals.

 2012 NEBRASKA DEQ TIER II FORM	FACILITY INFORMATION FACILITY ID: 102 FACILITY NAME: Hastings Regional Center											
	FACILITY LOCATION (ADDRESS OR CROSS STREET): 4200 W 2nd St CHEMICAL STORAGE ADDRESS (IF DIFFERENT):											
COUNTY: Hastings CITY/TOWNSHIP: Adams ZIP: 68901-9701												
MAILING ADDRESS INFORMATION NAME: Jean M. Luther CHECK ONE: <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR <input type="checkbox"/> STATE <input type="checkbox"/> OTHER												
PHONE NUMBER PO Box 579 CITY: Hastings STATE: NE ZIP: 68902-0579 PHONE: (402) 463-1971												
PERSONAL INFORMATION SIC CONTACT: Charlie Volcak PHONE: (402) 461-2360												
BUSINESS CONTACT: Gary E. Priesler PHONE: (402) 460-3150 OTHER PHONE: (402) 460-7408												
EMERGENCY CONTACT: Mary Colburn PHONE: (402) 460-3166 OTHER PHONE: (402) 460-3946												
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) CODE: 622110 DESCRIPTION: Psychiatric and Substance Abuse Hospitals												
CHEMICAL INFORMATION CAS # 7782-50-5 CHEMICAL NAME: CHLORINE												
EXTREMELY HAZARDOUS? <input checked="" type="checkbox"/> NAME (DO NOT COMPLETE IF SPECIFIC CHEMICAL NAME B IS UNKNOWN): Chlorine gas 99%												
CONTAINER	PRESSURE	TEMPERATURE	BEARS	STORAGE LOCATION								
1	2	4	4	Chlorine Horse Southwest property/Type L								
AVL DAILY ARGENT	MAX DAILY ARGENT	DATE ON SITE	PURE	REL	LEAD	CSG	FIB	REAC	ACTIV	CORROS	BIOSHEL	
2	2	365	Y	Y	Y	Y	Y	Y	Y	Y	Y	
CAS # 68334-30-5 CHEMICAL NAME: DIESEL FUEL #1 & #2												
EXTREMELY HAZARDOUS? <input type="checkbox"/> NAME (DO NOT COMPLETE IF SPECIFIC CHEMICAL NAME B IS UNKNOWN): Petroleum Distillate												
CONTAINER	PRESSURE	TEMPERATURE	BEARS	STORAGE LOCATION								
C	1	4	4	Bully tank of build 3 generator east side of hole in ambulance drive								
AVL DAILY ARGENT	MAX DAILY ARGENT	DATE ON SITE	PURE	REL	LEAD	CSG	FIB	REAC	ACTIV	CORROS	BIOSHEL	
2	2	365	Y	Y	Y	Y	Y	Y	Y	Y	Y	
CAS # 68334-30-5 CHEMICAL NAME: DIESEL FUEL #1 & #2												
EXTREMELY HAZARDOUS? <input type="checkbox"/> NAME (DO NOT COMPLETE IF SPECIFIC CHEMICAL NAME B IS UNKNOWN): Petroleum Distillate												
CONTAINER	PRESSURE	TEMPERATURE	BEARS	STORAGE LOCATION								
C	1	4	4	Bully tank of generator north side of power plant								
AVL DAILY ARGENT	MAX DAILY ARGENT	DATE ON SITE	PURE	REL	LEAD	CSG	FIB	REAC	ACTIV	CORROS	BIOSHEL	
2	2	365	Y	Y	Y	Y	Y	Y	Y	Y	Y	
CAS # 68334-30-5 CHEMICAL NAME: DIESEL FUEL #1 & #2												
EXTREMELY HAZARDOUS? <input type="checkbox"/> NAME (DO NOT COMPLETE IF SPECIFIC CHEMICAL NAME B IS UNKNOWN): Petroleum Distillate												
CONTAINER	PRESSURE	TEMPERATURE	BEARS	STORAGE LOCATION								
A	1	4	4	West of Power Plant storage tanks - Type A								
AVL DAILY ARGENT	MAX DAILY ARGENT	DATE ON SITE	PURE	REL	LEAD	CSG	FIB	REAC	ACTIV	CORROS	BIOSHEL	
4	4	365	Y	Y	Y	Y	Y	Y	Y	Y	Y	
CAS # _____ CHEMICAL NAME: _____												
EXTREMELY HAZARDOUS? <input type="checkbox"/> NAME (DO NOT COMPLETE IF SPECIFIC CHEMICAL NAME B IS UNKNOWN): _____												
CONTAINER	PRESSURE	TEMPERATURE	BEARS	STORAGE LOCATION								
AVL DAILY ARGENT	MAX DAILY ARGENT	DATE ON SITE	PURE	REL	LEAD	CSG	FIB	REAC	ACTIV	CORROS	BIOSHEL	

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 THIS AND ALL ATTACHED DOCUMENTS, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

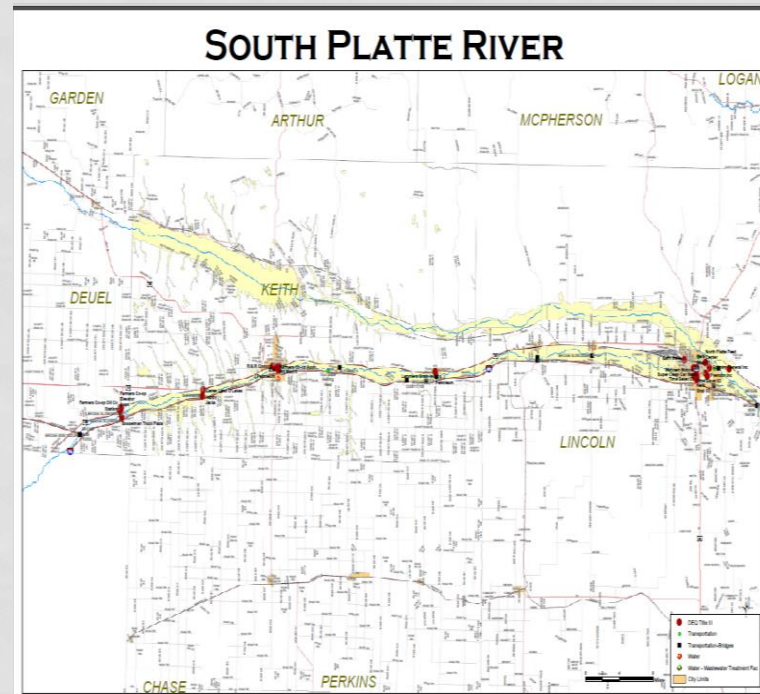
Jean Luther
 PRINT NAME AND OFFICIAL TITLE OF OPERATOR'S AUTHORIZED REPRESENTATIVE _____

Electronically Accepted On January 9, 2013 DATE Page 1 of 1

HOW THE DATA IS USED



- Planning at the local level
- Planning at the state level



NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY



- Pilger, NE (June 16, 2014)



NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY



- Pilger, NE



NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY



- Pilger, NE



NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY



- Pilger, NE



QUESTIONS

Mark Lohnes

NDEQ – SARA Title III Coordinator

402/471-4251

Mark.Lohnes@Nebraska.gov