

TIER II

06/11/14

Emergency and Hazardous Chemical Inventory

Page 1 of 2

HD 0001 -- BOB'S GAS INC

Reporting Period: January 1 to December 31, 2013

State ID #: HD 0001
 Facility Name: Bob's Gas Inc LP
 Facility Information:
 1/4m West of St. Lawrence (4 3RD ST NE) - Manned
 St. Lawrence, SD 57373
 Latitude: 44.517303 Longitude: -98.94689
 Max # of Occupants: 0 Facility Phone: County: Hand
 Dun & Bradstreet #: 0 1 - 0 2 9 - 9 5 2 7 NAICS Code: 454312
 TRI Facility ID #: RMP Facility ID #:
 Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?
 Subject to Chemical Accident Prevention under Section 112 (r) of CAA (40 CFR part 68, Risk Management Program)?

| | |
|---------------------------------------------------------------------------------------------------------------|------------------------------------|
| Owner or Operator Information: BOB'S GAS INC 4 3RD ST NE ST LAWRENCE SD 57373 605 853 3710 | Parent Company Information: |
|---------------------------------------------------------------------------------------------------------------|------------------------------------|

| | |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility Emergency Coordinator: Title: Work Phone: 24-Hour Phone: | Tier II Information Contact: Richard Waldrop Title: BOB'S GAS INC PO BOX 101 MILLER SD 57362-0101 Work Phone: 605 853 3710 rich@bobsgas.com |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|----------------------------------------------------------------------------|-----------------------------------------------|
| Emergency Contacts: | |
| Contact # 1: Richard Waldrop Work Phone: 605 853 3864 24-Hour Phone: | Contact # 2: Work Phone: 24-Hour Phone: |

06/11/14

HD 0001 -- BOB'S GAS INC

Reporting Period: January 1 to December 31, 2013

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Chemical Description: <input checked="" type="checkbox"/> - Pure Chemical or <input type="checkbox"/> - Mixture/Product Mixture</p> <p>Name: Propane</p> <p>CAS #: 0 0 0 0 7 4 - 9 8 - 6</p> <p><input type="checkbox"/> - Solid <input checked="" type="checkbox"/> - Liquid <input checked="" type="checkbox"/> - Gas <input type="checkbox"/> - Trade Secret</p> <p>Chemical is (or mixture contains) an Extremely Hazardous Substance (EHS): <input type="checkbox"/> - Yes</p> <p>EHS Name:</p> <p>If a Mixture, weight of only the EHS portion (see Range Codes):</p> <p>Non-EHS Names:</p> <p>Is chemical an ingredient in product produced or mixed on-site? <input type="checkbox"/> - Yes</p> | <p>Physical and health hazards:</p> <p><input checked="" type="checkbox"/> - Fire</p> <p><input checked="" type="checkbox"/> - Sudden Release of Pressure</p> <p><input type="checkbox"/> - Reactive</p> <p><input type="checkbox"/> - Immediate (acute)</p> <p><input type="checkbox"/> - Delayed (chronic)</p> | <p>Inventory:</p> <p>Max. Amount (Range Code): 12</p> <p>Actual Maximum:</p> <p>Average Amount (Range Code): 11</p> <p>Actual Average:</p> <p># of Days on-site: 125</p> <p>Maximum Container Size:</p> | <p>Type of Storage & Storage Location:</p> <p>A</p> <p>W of St. Lawrence 1/4 mile on</p> <p>Hwy 14, S side of road</p> | <p>Pressure & Temperature:</p> <p>2 7</p> <p>Confidential Storage Location Form to be submitted? - <input type="checkbox"/></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|

Attachments:

- Site Plan - List of site coordinate abbreviations - Descriptions of dikes & other safety measures - Facility map - Other: _____

| Amount Stored Weight Range Codes | | | | |
|----------------------------------|---------------|---------------|------|---------------------|
| Code | From | To | Code | To |
| 01 | 0 pounds | 99 pounds | 08 | 50,000 pounds |
| 02 | 100 pounds | 499 pounds | 09 | 75,000 pounds |
| 03 | 500 pounds | 999 pounds | 10 | 100,000 pounds |
| 04 | 1,000 pounds | 4,999 pounds | 11 | 500,000 pounds |
| 05 | 5,000 pounds | 9,999 pounds | 12 | 1,000,000 pounds |
| 06 | 10,000 pounds | 24,999 pounds | 13 | 10,000,000 pounds |
| 07 | 25,000 pounds | 49,999 pounds | | > 10 million pounds |

| Type of Storage - Codes | | | |
|-------------------------|------------------------|------|----------------------|
| Code | Type of Storage | Code | Type of Storage |
| A | Aboveground tank | K | Box |
| B | Underground tank | L | Cylinder |
| C | Tank inside building | M | Glass bottles/jugs |
| D | Steel drum | N | Plastic bottles/jugs |
| E | Plastic/non-metal drum | O | Tote bin |
| F | Can | P | Tank wagon |
| G | Carboy | Q | Rail car |
| H | Silo | R | Other |
| I | Fiber Drum | S | Battery |
| J | Bag | | |

| Storage Condition Codes | | | |
|-------------------------|----------------------|------|-------------------------------------|
| Code | Pressure | Code | Temperature |
| 1 | Ambient | 4 | Ambient |
| 2 | Greater than Ambient | 5 | Greater than Ambient |
| 3 | Less than Ambient | 6 | Less than Ambient but not Cryogenic |
| | | 7 | Cryogenic |

Certification (Read and sign after completing all sections):

I certify under penalty of law that I have personally examined and am familiar with all information submitted in pages 1 through 2.
 Based on my inquiry of the individuals responsible for obtaining this data, I believe the submitted information is true, accurate, and complete.

Richard Waldrop

Name and Title, Owner/Operator or owner/operator's authorized representative

Bill Wolney

Signature