

TIER II

01/13/14

Emergency and Hazardous Chemical Inventory

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HD 0007 – CENTURY LINK QC (QUEST)

Reporting Period: January 1 to December 31, 2013

State ID #: HD 0007

Facility Name: Century Link QC (Qwest)

Facility Information:

126 North Broadway Ave

- Manned

Miller, SD 57362

Latitude: 44.516694

Longitude: -98.98854

Max # of Occupants: 0

Facility Phone:

County: Hand

Dun & Bradstreet #: 1 0 - 2 5 6 - 2 4 5 1

NAICS Code: 517110

TRI Facility ID #:

RMP Facility ID #:

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? -Yes

Subject to Chemical Accident Prevention under Section 112 (r) of CAA (40 CFR part 68, Risk Management Program)? -Yes

Owner or Operator Information:

CENTURY LINK QC (QUEST)

301 WEST 65TH STREET

RICHFIELD MN 55423

612 798 2424

gerard.breen@centurylink.com

Parent Company Information:

Facility Emergency Coordinator:

Title:

Work Phone:

24-Hour Phone:

Tier II Information Contact:

GERARD BREEN

Title:

CENTURY LINK QC (QUEST)

301 WEST 65TH STREET

RICHFIELD MN 55423

Work Phone: 612 798 2424

gerard.breen@centurylink.com

Emergency Contacts:

Contact # 1: UniCall-Qwest Emerg Ctr

Contact # 2: Work Env. Center

Work Phone: 866 864 2255

Work Phone: 800 201 7033

24-Hour Phone:

24-Hour Phone:

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Chemical Description: <input type="checkbox"/> - Pure Chemical or <input checked="" type="checkbox"/> - Mixture/Product Mixture Name: Sulfuric Acid CAS #: 0 0 7 6 6 4 - 9 3 - 9 <input type="checkbox"/> - Solid <input checked="" type="checkbox"/> - Liquid <input type="checkbox"/> - Gas <input type="checkbox"/> - Trade Secret Chemical is (or mixture contains) an Extremely Hazardous Substance (EHS): <input checked="" type="checkbox"/> - Yes EHS Name: Sulfuric Acid If a Mixture, weight of only the EHS portion (see Range Codes): 03 Non-EHS Names: Is chemical an ingredient in product produced or mixed on-site? <input type="checkbox"/> - Yes	Physical and health hazards: <input type="checkbox"/> - Fire <input type="checkbox"/> - Sudden Release of Pressure <input checked="" type="checkbox"/> - Reactive <input checked="" type="checkbox"/> - Immediate (acute) <input type="checkbox"/> - Delayed (chronic)	Inventory: Max. Amount (Range Code): 03 Actual Maximum: 522 lbs Average Amount (Range Code): 03 Actual Average: 522 lbs # of Days on-site: 365 Maximum Container Size: 10 lbs	Type of Storage & Storage Location: Basement NW quadrant	Pressure & Temperature: 1 4 Confidential Storage Location Form to be submitted? - <input type="checkbox"/>
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Attachments:

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

Amount Stored Weight Range Codes				Type of Storage - Codes			
Code	From	To	Code	From	To	Code	Type of Storage
01	0 pounds	99 pounds	08	50,000 pounds	74,999 pounds	K	Box
02	100 pounds	499 pounds	09	75,000 pounds	99,999 pounds	L	Cylinder
03	500 pounds	999 pounds	10	100,000 pounds	499,999 pounds	M	Glass bottles/jugs
04	1,000 pounds	4,999 pounds	11	500,000 pounds	999,999 pounds	N	Plastic bottles/jugs
05	5,000 pounds	9,999 pounds	12	1,000,000 pounds	9,999,999 pounds	O	Tote bin
06	10,000 pounds	24,999 pounds	13	10,000,000 pounds	> 10 million pounds	P	Tank wagon
07	25,000 pounds	49,999 pounds				Q	Rail car
						R	Other
						S	Battery

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.

GERARD BREEN / EHS MANAGER
 Name and Title, Owner/Operator or owner/operator's authorized representative
[Signature]
 Signature