

Tier Two  
Emergency and Hazardous Chemical Inventory  
Specific Information by Chemical

Reporting Period: January 1 to December 31, 2017

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Printed: February 8, 2018

Facility Name: Gary, NM POP Regen

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FACILITY IDENTIFICATION:

Gary, NM POP Regen  
Dept:  
North on Exit 15 off I-10 (First building on right)  
Gary, NM 88020 USA  
County: Hidalgo  
Fire District:  
Latitude: 32.31489  
Longitude: -108.82097  
MAILING ADDRESS: P.O. BOX 7994  
SHAWNEE MISSION, KS 66207 USA

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

IDENTIFICATION NUMBERS:

Dun & Bradstreet: 006942395  
NAICS: 517311 (Wired Telecommunications Carriers)  
SIC: 4813 (TELEPHONE COM, EXCEPT RADIO)

Is the facility manned? [ ] Manned [x] Unmanned  
Maximum No. of Occupants: 0

REGULATORY INFORMATION:

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

CONTACT INFORMATION:

Sprint United Management Co.,  
Contact Type 1: Owner / Operator  
Address: P.O. Box 7994, Shawnee Mission, KS, 66207-0994 USA  
Phones: Work: 877-247-4457 FAX: 913-523-2040 24-hour: 877-247-4457  
Email: EHSCompliance@Sprint.com

Wiedower, Brian  
Title: EHS Compliance Manager Contact Type 1: Emergency Contact  
Address: P.O. Box 7994, Shawnee Mission, KS, 66207-0994 USA  
Phones: Work: 913-762-5957 24-hour: 877-347-4457 24-hour: 8773474457 Mobile - Cell: 913-206-7705  
Email: brian.c.wiedower@sprint.com

Help Line, Sprint EHS  
Title: EHS Help Line Contact Type 1: Emergency Contact  
Address: PO Box 7994, Shawnee Mission, KS, 66207-0994 USA  
Phones: 24-hour: 877-347-4457 Emergency: 877-347-4457 Work: 877-347-4457  
Email: ehscompliance@sprint.com

Hughes, Kathy  
Title: EHS Area Manager Contact Type 1: Submitter Contact Type 2: Regulatory Point of Contact Contact Type 3: Tier II

Tier Two

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Facility Name: Gary, NM POP Regen

Information Contact

Address: P.O. Box 7994, Shawnee Mission, KS, 66207-0994 USA

Phones: Work: 913-762-6021 FAX: 913-523-2040 Mobile - Cell: 913-515-4448

Email: kathy.l.hughes@sprint.com

CHEMICAL DESCRIPTIONS:

CHEM NAME: Diesel Fuel #2

CAS: 68476-34-6 EHS: No

☐ Identical to previous year

☐ TRADE SECRET

☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas

PHYSICAL HAZARDS:

<input type="checkbox"/> Explosive	<input checked="" 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 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 checked="" type="checkbox"/> Acute toxicity (any route of exposure)	<input checked="" type="checkbox"/> Carcinogenicity
<input checked="" type="checkbox"/> Skin corrosion or irritation	<input type="checkbox"/> Reproductive toxicity
<input type="checkbox"/> Serious eye damage or eye irritation	<input checked="" type="checkbox"/> Specific target organ toxicity (single/repeated exposure)
<input type="checkbox"/> Respiratory or skin sensitization	<input checked="" 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: 06 (10,000 - 24,999 pounds)

Avg Daily Amt code: 06 (10,000 - 24,999 pounds)

No. of days on-site: 365

STORAGE LOCATIONS:

☐ Confidential

Container Type: Above ground tank Pressure: Ambient pressure Temp: Ambient temperature Location: Tank located outside, adjacent to facility Amount:

CHEMICALS IN INVENTORY STATE FIELDS:

No additional chemical information is required by New Mexico

FACILITY STATE FIELDS:

New Mexico requests the following:

Owner/Operator Name: Sprint United Management Company

If Yes - Name of Nation:

Is the facility on tribal land?: No

Number of facilities for this owner/operator: 3

STATE / LOCAL FEES: \$25.00

☐ 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

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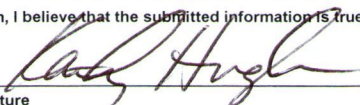
**Certification (Read and sign after completing all sections)**

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.

Kathy Hughes, West Area EHS Manager

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

Signature



2/8/2018

Date signed