

BUTLER COUNTY

LOCAL EMERGENCY PLANNING COMMITTEE
315 HIGH STREET, SUITE 670 • Hamilton • Ohio • 45011
Office (513) 785-5810 • Fax (513) 785-5811

FOR OFFICE USE ONLY

1. Date of Request _____ / _____ / _____
2. Request Number _____
3. Date sent to requester _____ / _____ / _____

INFORMATION REQUEST FORM

Section 311, 312 and 324 or Title III of the Superfund Amendments and Reauthorization Act of 1986 (SARA) mandate that the public shall be provided access to facility specific chemical inventories, material safety data sheets (MSDS) and local emergency response plans. This information is to be available at a location selected by the State Emergency Response Commission (SERC). An individual may request the non-confidential information in a facility file by appointment. Copies will also be made available by request. The Butler County Local Emergency Planning Committee may charge a reasonable fee to cover the cost of copying, shipping, and accrued costs for computer searches. These fees must be paid before receiving the requested materials. There will be no charge for reviewing a facility file if no copies are requested. The Butler County Local Emergency Planning Committee will make a good faith effort to provide the requested information within 45 days, as per 40 CFR 370.21 (d).

REQUIRED GENERAL INFORMATION ABOUT PERSON MAKING REQUEST:

(Please Print)

Name: _____

Street Address (must be included) _____

P.O. Box _____

City / State / Zip Code _____

Telephone Number (_____) _____

I understand that there may be a fee to cover copying, computer costs and shipping; and that this fee must be paid to the "Butler County LEPC" before my request can be filed.

FACILITY IDENTIFICATION:

County _____

Name of Facility _____

Corporate Name _____

Street Address _____

City / State / Zip Code _____

STANDARD INFORMATION REQUESTS

- List of extremely hazardous substances at the site
- List of hazardous substances stored or used at the site.
- Copy of MSDS for a specific chemical(s).

Product Name(s): _____

Please check the appropriate box(es)

- Section 304 information of release or spill reports on record with the BCLEPC.
- Completed chemical inventory and location form.
- List of reported chemicals/products at the site which may pose a physical hazard (fire, sudden release of pressure, or reactivity.)
- List of chemicals/products which may pose a particular health hazard reported to BCLEPC

NON-STANDARD INFORMATION REQUESTS

- Listing or copies of MSDS for any information checked above for entire inventory at the facility.
- Other _____

Request for the Toxics Release Inventory (Section 313) should be addressed to the Ohio EPA, DAPC-TRI, P.O. Box 163669, 1800 WaterMark Drive, Columbus, Ohio 43216-3669. ATTN: Section 313, or call (614) 644-4830 and ask for Section 313 TRI Assistance.

DO YOU REQUEST THAT YOUR PERSONAL IDENTITY BE HELD CONFIDENTIAL AS EXPLAINED IN THE PARAGRAPH ABOVE YES NO

- I would like an appointment for review of this requested information.
- I wish to obtain copies of this requested information.

Under State of Ohio and SERC rules, personal information will be considered confidential if so requested. However, this information may be subpoenaed or otherwise obtained by court action.

OTHER INFORMATION ABOUT THIS REQUEST:

Request for copies of TIER II inventory information or Material Safety Data Sheets for substances stored at the facility in quantities of less than the assigned Threshold Planning Quantity (TPQ) for extremely hazardous substances or the 10,000 pounds TPQ for hazardous substances, **MUST** include a written statement explaining why the information is needed.

RETURN THIS FOR TO:

Butler County Local Emergency Planning Committee
315 High Street, Suite 670
Hamilton, OH 45011
(513) 785-5810 Office
(513) 785-5811 Fax
<http://www.butlercountyohio.org/lepc/>

FOR OFFICE USE ONLY

1. Date Request Received _____ / _____ / _____
2. Name of person receiving request

3. Date Response Due _____ / _____ / _____
4. Request Numbers _____
5. Date Passed on to LEPC _____ / _____ / _____
6. Date Response Sent _____ / _____ / _____