

## State Specific Requirements

EPCRA ([40 CFR Part 370](#)) provides flexibility to the states to enact more stringent requirements on facilities, within their jurisdictions, and to determine the method of submitting the information.

- Determine if your state has reporting requirements in addition to the Federal mandates.

State Fields	Facility Information	Contact Information	Chemical Information	State Fields	Facility Information	Contact Information	Chemical Information
Alaska	Y	Y	Y	Montana			
Alabama	Y			Nebraska			
Arkansas	Y			Nevada			
Arizona	Y			New Hampshire	Y	Y	Y
California				New Jersey			
Colorado	Y			New Mexico	Y		
Connecticut	Y	Y	Y	New York			
Delaware				North Carolina	Y		Y
Florida	Y		Y	North Dakota	Y		
Georgia	Y		Y	Ohio	Y		Y
Hawaii	Y			Oklahoma	Y		
Idaho	Y			Oregon			
Illinois				Pennsylvania			
Indiana	Y			Rhode Island	Y	Y	Y
Iowa	Y	Y		South Carolina			Y
Kansas		Y		South Dakota	Y		Y
Kentucky	Y			Tennessee			
Louisiana				Texas	Y		Y
Massachusetts			Y	Utah	Y		
Maryland				Vermont	Y	Y	Y
Maine	Y		Y	Virginia	Y		
Michigan				Washington	Y		
Minnesota	Y			West Virginia			
Mississippi				Wisconsin			
Missouri				Wyoming	Y		Y

**Alaska** requests the following:

- 1) Facility Information - Documents: A site plan.
- 2) Contact Information - Contact Type: Chemical Carrier contact for each carrier, including the carrier company name, address, and two phone numbers, one of which is a 24-hour number.
- 3) Chemical Information: Maximum amount in largest container (pounds).
- 4) Chemical Information - State Fields: Shipment information for each chemical.

Kenai, AK 99611, USA

Facility Information Facility Identification State Fields **Documents** Validate Record

### Document Upload

\* Fields are Federal mandatory fields

☒ I have submitted a site plan.  
☐ I have attached a description of dikes and other safeguard measures.  
☐ I have attached a list of site coordinate abbreviations.

No.	Document ID	File Name	File Type	File Category	File Description	Download
-----	-------------	-----------	-----------	---------------	------------------	----------

File types: PDF, DOC, JPG are only allowed.  
If entering a link, choose File type as Link  
and put the link as http://somewebsite in the description field.

All Fields are Mandatory

File Type:

File Category:

File:  No file chosen Max file size 9 Mb

File Description:

☐ Hazard Not Otherwise Classified (enter specific hazard in **Notes** field of the Facility)

### Quantity

Max Daily Amount Code

Maximum Daily Amount in pounds\*

Avg Daily Amount Code

Average Daily Amount in pounds\*

**Maximum Amount in largest container (pounds) \***

Below Reporting Thresholds ☒

† Note: Voluntary reporting of amounts below reporting requirement thresholds. (This checkbox does not apply to most submissions.)  
By checking this box, you are certifying that this chemical is not of a reportable quantity under Section 312 of the Emergency Planning and Community Right to Know Act of 1986. For EHS chemicals, only check this box if the quantity is below the TPQ or 500 lbs., whichever is less. (For a list of EHS chemicals and TPQs, please reference the EPA's Consolidated List of Lists.) For hazardous substances (anything with a SDS), only check this box if the quantity is below 10,000 lbs. In addition, this box may be checked if the chemical you are reporting is granted a specific exemption from Tier II reporting under 40 CFR 370.10-13.

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Kenai, AK 99611, USA

Chemical Information Storage Locations Mixture Components **State Fields** Documents Validate Record

### State Applicable Fields

Barium Hypochlorite, With More Than 22% Available Chlorine (CAS#: 13477106)

\* Fields are State mandatory fields

Mode of Shipment - Truck \* ☐  
Mode of Shipment - Tank Truck \* ☐  
Mode of Shipment - Rail Car \* ☐  
Mode of Shipment - Tank Car \* ☐  
Mode of Shipment - Pipeline \* ☐  
Mode of Shipment - Barge \* ☐  
Other (Specify) \*

Mode of Shipment - If other, specify in text \*

Frequency of Shipment \*

Frequency of Shipment per \*

Maximum Capacity per Single Vessel (lbs) \*

Maximum Shipment Qty (lbs) \*

Average Shipment Qty (lbs) \*

Physical State in Transit \*

Carrier (Name of Company that is transporting the chemical) \*

Comments (provide both the primary and alternate routes of travel) \*

Alaska requests that you create a Chemical Carrier contact for each carrier, including the carrier company name, address, and two phone numbers, one of which is a 24-hour number. Add this to the facility's contacts.

**Alabama** requests the following:

**Note: Reporting year 2024 - Updated state-specific fields and/or instructions.**

- 1) Facility Information - State Fields: Master ID Number
- 2) Facility Information - State Fields: Valid e-mail address for your proof of receipt.
- 3) Facility Information - Documents: Added naming convention for attachments such as filecontent\_facilityname. Examples:
  - SDS\_Chlorine\_ABCIndustry-Greenville.pdf
  - SitePlan\_FranklinCountyWaterTreatmentPlant.jpg
  - AerialPhoto\_SummertownPumpStation.png

Facility Information

Facility Identification

State Fields

Documents

Validate Record

State Applicable Fields

\* Fields are State mandatory fields

Valid e-mail address for your proof of receipt \*

test@gmail.com

Master ID Number \*

1300

If your facility has ever been permitted with the Alabama Department of Environmental Management (ADEM) then use the [ADEM eFile system](#) to look up your facility's Master ID.

If you are a new facility or are unable to locate your Master ID, please e-mail [beth.donaldson@adem.alabama.gov](mailto:beth.donaldson@adem.alabama.gov) to be issued a Master ID number. The email must contain the following information:

- Facility Name
- Owner Name
- Complete physical street address (including the City, County, and Zip Code)
- Accurate latitude and longitude coordinates

Omission of any of the above information can result in delays or denial of Master ID assignments.

Please be aware that Master ID requests can take 7-14 business days to be fulfilled. During February, requests may take up to 30 business days. ADEM is not liable if your report is late due to the timing of your Master ID request.

Hide office use only fields ☐

These fields are to be filled out by the Alabama Department of Environmental Management. Reporters should leave this section blank.

Date Tier II Received by ADEM

Notes

Update & Continue

Reset

Gardendale, AL 35071, USA

Facility Information

Facility Identification

State Fields

Documents

Validate Record

Document Upload

\* Fields are Federal mandatory fields

Alabama requests that reporters upload attachments using the following naming format: filecontent\_facilityname. Examples:

- SDS\_Chlorine\_ABCIndustry-Greenville.pdf
- SitePlan\_FranklinCountyWaterTreatmentPlant.jpg
- AerialPhoto\_SummertownPumpStation.png

☐ I have submitted a site plan.

☐ I have attached a description of dikes and other safeguard measures.

☐ I have attached a list of site coordinate abbreviations.

No.	Document ID	File Name	File Type	File Category	File Description	Download	
-----	-------------	-----------	-----------	---------------	------------------	----------	--

File types: PDF, DOC, JPG are only allowed.  
If entering a link, choose File type as Link  
and put the link as http://somewebsite in the description field.

All Fields are Mandatory

File Type

File

File Category

Choose Files

No file chosen

Max file size 9 Mb

File Description

Upload

Next (Add Contact)

Contact Us

FAQ

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**Arkansas** requests the following:

Facility Information - State Fields:

Are you regulated under the Department of Homeland Security CFATS program?

Are you regulated under the EPA Risk Management Program (RMP)?

Are you regulated under the Resource Conservation and Recovery Act (RCRA) as a generator of hazardous waste?

- No
- Yes; Large Quantity Generator (LQG)
- Yes; Small Quantity Generator (SQG)
- Yes; Very Small Quantity Generator (VSQG)

Are you regulated under the OSHA Process Safety Management program?

Are you regulated under the EPA Toxics Release Inventory (TRI) program?

Have you reported any spill or release of hazardous material to the National Response Center (NRC) in the past 5 years?

Texarkana, AR 71854, USA

Facility Information Facility Identification **State Fields** Documents Validate Record

**State Applicable Fields**

\* Fields are State mandatory fields

Are you regulated under the Department of Homeland Security CFATS program? ☐ Yes ☐ No

Are you regulated under the EPA Risk Management Program (RMP)? ☐ Yes ☐ No

Are you regulated under the Resource Conservation and Recovery Act (RCRA) as a generator of hazardous waste?

Are you regulated under the OSHA Process Safety Management program? ☐ Yes ☐ No

Are you regulated under the EPA Toxics Release (TRI) program? ☐ Yes ☐ No

Have you reported any spill or release of hazardous material to the National Response Center (NRC) in the past 5 years? ☐ Yes ☐ No

Date(s) of Report(s)

National Response Center (NRC) Case Number(s)

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**Arizona** requires users to submit their Tier II information using the Arizona Emergency Response Commission online reporting tool - <https://tier2.azserc.org/?ReturnUrl=%2Fdashboard>.

Colorado requests the following:

- 1) Facility Information: Fire District.
- 2) Facility Information: Company Name.
- 3) Facility Information - State Fields
- 4) Chemical Information - State Fields

Colorado Springs, CO 80909, USA

Facility Information Facility Identification State Fields Documents Validate Record

### Facility Information

\* Fields are Federal mandatory fields  
\*\* Fields are E-Plan mandatory fields

Remember to press the **Save & Continue** button after updating any information on this page. Otherwise, the changes will not be saved.

Facility Details

Facility Name \* Colorado

Department

Company Name \*\* CO [Copy company name to other facilities](#)

Facility Email

Fire District

Report Year 2020

Colorado Springs, CO 80909, USA

Facility Information Facility Identification State Fields Documents Validate Record

### State Applicable Fields

\* Fields are State mandatory fields

Company Name (i.e. the company that owns or operates the facility) \*

Facility Type These options have changed since 2018. Please review your answer before submitting \*

For oil and gas facilities, select the options that best describe your facility

Well Head

Storage Tanks

Compressor Station

Other Oil and Gas

For agricultural facilities, select the options that best describe your facility

Farm or Ranch

Fertilizer/Pesticide Storage & Sales

Other Agricultural Storage & Sales

TRI Reporter Are you required to submit a Toxic Release Inventory (TRI) report under Section 313 of EPCRA? If so, please enter your TRI ID number in the Facility Identification page \*

Once you have finished entering your data for this and any other facility you intend to report, please create a submission file (.t2s file) in the "T2S file" page. Upload the T2S file into the Colorado Environmental Online System (CEOS). The State will not accept reports in ZIP format. For more information, please see the [Colorado Department of Public Health & Environment Tier II hazardous chemical inventory reporting page](#).

**Update & Continue** **Reset**

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Submission Home Tier2 Filing Management Validate Record Invoice for 2022 Account Information Logout

CURRENT FACILITY CONTACT LIST CHEMICAL LIST

Colorado (FacID: 6787606) EDIT DELETE  
3201 E Platte Ave,  
Colorado Springs, CO 80909, USA

Chemical Information Storage Locations Mixture Components State Fields Documents Validate Record

### State Applicable Fields

CHLORINE (CAS#: 7782505)

\* Fields are State mandatory fields

How is this substance delivered to the facility location? \*

Rail ☒

Are rail cars containing this substance kept at this facility for more than a week? ☐ Yes ☐ No

Truck ☐

Are trailers containing this substance kept at this facility for more than a week? ☐ Yes ☐ No

Other ☐

**Update & continue** **Reset**

**Connecticut** requests the following:

- 1) Facility Information - State Fields: Company Name, Facility Type, LEPC Name, Fire Department, SDS, and Site Plan (Updated).
- 2) Contact Information - Contact Type: Chemical Carrier contact for each carrier, including the carrier company name, address, and two phone numbers, one of which is a 24-hour number.
- 4) Chemical Information - State Fields: Shipment information.

Norwalk, CT 06854, USA

Facility Information Facility Identification **State Fields** Documents Validate Record

### State Applicable Fields

\* Fields are State mandatory fields

**State Requirement Error:** Please fill a value for the State requirement labelled **Company Name**.

**State Requirement Error:** Please fill a value for the State requirement labelled **Facility Type**.

**State Requirement Error:** Please fill a value for the State requirement labelled **LEPC Name**.

**State Requirement Error:** Please fill a value for the State requirement labelled **Fire Department**.

**State Requirement Error:** Please fill a value for the State requirement labelled **Safety Data Sheet (or explanation document, if needed) is attached**.

**State Requirement Error:** Please fill a value for the State requirement labelled **Site Plan (or explanation document, if needed) is attached**.

Connecticut requests the following:

Company Name \*

Facility Type \*

LEPC Name \*

Fire Department \*

DEHMS Region

Safety Data Sheet (or explanation document, if needed) is attached \*

Site Plan (or explanation document, if needed) is attached \*

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Norwalk, CT 06854, USA

[Chemical Information](#) [Storage Locations](#) [Mixture Components](#) **State Fields** [Documents](#) [Validate Record](#)

### State Applicable Fields

CHLORINE (CAS#: 7782505)

\* Fields are State mandatory fields

Mode of Shipment - Truck ☐

Mode of Shipment - Tank Truck ☐

Mode of Shipment - Rail Car ☐

Mode of Shipment - Tank Car ☐

Mode of Shipment - Pipeline ☐

Mode of Shipment - Barge ☐

Other (Specify) ☐

Mode of Shipment - If other, specify in text

Frequency of Shipment

Frequency of Shipment per

Maximum Capacity per Single Vessel (lbs)

Maximum Shipment Qty (lbs)

Average Shipment Qty (lbs)

Physical State in Transit

Carrier

Comments (please provide both the primary and alternate routes of travel)

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**Florida** requests the following:

- 1) Chemical Information - State Fields
- 2) Facility Information - State Fields

North Port, FL 34287, USA

Facility Information | **State Fields** | Documents | Validate Record

### State Applicable Fields

Does your facility have a written emergency response plan? Yes ▾

Does your facility have a hazardous materials response team? Yes ▾

Does your local fire department have an up-to-date pre-plan for your facility? Yes ▾

Yes  
No

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North Port, FL 34287, USA

**Chemical Information** | Storage Locations | Mixture Components | **State Fields** | Documents | Validate Record

### State Applicable Fields

CHLORINE (CAS#: 7782505)

Frequency of Shipments: Daily ▾

Mode of Shipments (Check all that apply):

Highway

Rail

Pipeline

Ship or Barge

Other

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Georgia requests the following:

- 1) Facility Information - State Fields: Onsite, trained fire personnel to specifically and immediately (regardless of date and time) address fire incidents.
- 2) Facility Information: Mailing Address.
- 3) Chemical Information: Maximum Amount in Largest Container.
- 4) Chemical Information - State Fields: Shipment information.

Mailing Address [Copy mailing address to other facilities](#)

☐ Check if Mailing Address same as Physical Address. Enter Mailing Address below if different

Street \*

City \*

State \*

ZIP \*

Country \*

Quantity

Max Daily Amount Code

Maximum Daily Amount in pounds\*

Avg Daily Amount Code

Average Daily Amount in pounds\*

Maximum Amount in largest container (pounds) \*

Adel, GA 31620, USA

[Facility Information](#) [Facility Identification](#) [State Fields](#) [Documents](#) [Validate Record](#)

### State Applicable Fields

\* Fields are State mandatory fields

**State Requirement Error:** Please fill a value for the State requirement labelled **Does your facility have onsite, trained fire personnel to specifically and immediately (regardless of date and time) address fire incidents? (select "No" if unsure).**

**State Requirement Error:** Please fill a value for the State requirement labelled **Comments (please provide the primary route to the facility and, if known, the alternate route).**

Note: Georgia requires all reporting to be electronic utilizing E-Plan. You may use Tier2 Submit to create a T2S file, but it must be submitted through E-Plan. Please see Georgia's reporting instructions

Does your facility have onsite, trained fire personnel to specifically and immediately (regardless of date and time) address fire incidents? (select "No" if unsure) \* ☐ Yes ☐ No

Comments (please provide the primary route to the facility and, if known, the alternate route) \*

[Update & Continue](#) [Reset](#)

Adel, GA 31620, USA

[Chemical Information](#) [Storage Locations](#) [Mixture Components](#) [State Fields](#) [Documents](#) [Validate Record](#)

### State Applicable Fields

CHLORINE (CAS#: 7782505)

\* Fields are State mandatory fields

**State Requirement Error:** Please fill a value for the State requirement labelled **Mode of Shipment.**

**State Requirement Error:** Please fill a value for the State requirement labelled **Frequency of Shipment per Year.**

**State Requirement Error:** Please fill a value for the State requirement labelled **Average Shipment Qty (lbs).**

**State Requirement Error:** Please fill a value for the State requirement labelled **Physical State in Transit.**

**State Requirement Error:** Please fill a value for the State requirement labelled **Carrier.**

Mode of Shipment - Truck \* ☐

Mode of Shipment - Tank Truck \* ☐

Mode of Shipment - Rail Car \* ☐

Mode of Shipment - Tank Car \* ☐

Mode of Shipment - Pipeline \* ☐

Mode of Shipment - Barge \* ☐

Other (Specify) \* ☐

Mode of Shipment - If other, specify in text \*

Frequency of Shipment per Year \*

Average Shipment Qty (lbs) \*

Physical State in Transit \*

Carrier \*

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**Hawaii** requests the following:

**Note: Reporting year 2024 - Updated state-specific fields and/or instructions.**

1) Facility Information - State Fields: Island, Facility ID Number, and Federal Government Facility.

2) Facility Information - Documents: Added naming convention for attachments such as filecontent\_facilityname. Examples:

- FacilityMap\_FranklinCountyWaterTreatmentPlant\_2020.jpg (Facility Maps should be updated yearly, so please include the year in the file name)
- EmergencyPlan\_CityRentals.pdf
- SDS\_Chlorine\_ABCIndustry-Greenville.pdf
- AerialPhoto\_SummertownPumpStation.png

3) State/Local Fees Total must be \$200. Fees for a facility are \$200 in Hawaii unless (a) all chemicals are marked "Below Reporting Thresholds" and/or (b) it is a federal government facility exempt from fees.

1032 Fort Street, Honolulu, HI 96813, USA

Facility Information Facility Identification **State Fields** Documents Validate Record

### State Applicable Fields

\* Fields are State mandatory fields

**State Requirement Error:** Please fill a value for the State requirement labelled **Island**.

**State Requirement Error:** Please fill a value for the State requirement labelled **Facility ID Number**.

**State Requirement Error:** Please fill a value for the State requirement labelled **Facility is a federal government facility subject to fee payment exemption**.

Island \*

Facility ID Number \*

Facility is a federal government facility subject to fee payment exemption \*

Hawaii requires that each facility enter its state-issued, unique Hawaii Tier2 Facility ID Number. The address/location and will NOT change once assigned. A facility that has never reported for Tier2 can [new Hawaii Tier2 Facility ID Number](#).

Once you have finished entering your data for this and any other facility you intend to report, please create both a T2S file and a PDF file using the "Export/Submit" option in the upper right corner of the screen. Upload these files into the [Hawaii Department of Health e-Permitting Portal](#).

[Update & Continue](#) [Reset](#)

Honolulu, HI 96813, USA

Facility Information Facility Identification State Fields **Documents** Validate Record

### Document Upload

\* Fields are Federal mandatory fields

Hawaii requests that reporters upload attachments using the following naming format: filecontent\_facilityname. Examples:

- FacilityMap\_FranklinCountyWaterTreatmentPlant\_2020.jpg (Facility Maps should be updated yearly, so please include the year in the file name)
- EmergencyPlan\_CityRentals.pdf
- SDS\_Chlorine\_ABCIndustry-Greenville.pdf
- AerialPhoto\_SummertownPumpStation.png

**Idaho** requests the following:

1) Facility Information - State Fields: Facility email

Idaho Falls, ID 83402, USA

Facility Information Facility Identification **State Fields** Documents Validate Record

### State Applicable Fields

Facility email

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**Indiana** requests the following:

1) Facility Information - State Fields

Rochester, IN 46975, USA

Facility Information Facility Identification **State Fields** Documents Validate Record

### State Applicable Fields

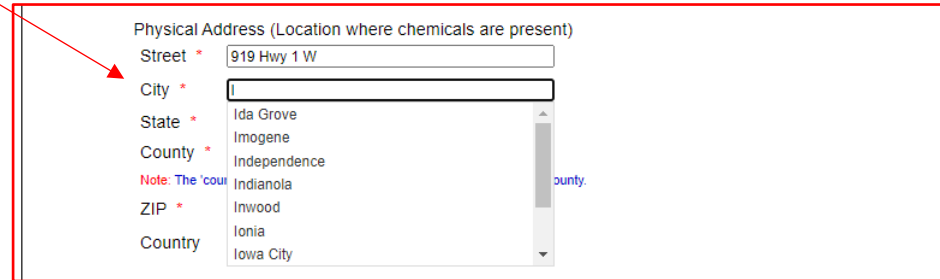
\* Fields are State mandatory fields

Indiana does not allow users to submit their Tier II information using Tier2 Submit. Check with your state to see how to submit your Tier II information.

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**Iowa** requests the following:

- 1) Contact Information: At least two Emergency contacts.
- 2) Facility Information: Select a City name from the drop-down list.



Physical Address (Location where chemicals are present)

Street \* 919 Hwy 1 W

City \*

State \*

County \*

Note: The 'county' field is required.

ZIP \*

Country

**Kansas** requests the following:

1) Contact Information - Contact Type: **Submitter** with name, title and at least one phone number

Kansas City, KS 64145, USA

**Contact Information** Phone Information Facility Association Documents Validate Record

### Contact Information

**T (Submitter)**

\* Federal requirements include: Owner / Operator (name, mail address, phone & email)  
Emergency Contact (title, name & 2 phone numbers, one of which must be 24-hour)  
Tier II Information Contact (title, name, email & phone).

\* Fields are mandatory

Job Title	Submitter
Last Name or Business Name *	T
First Name	B
Street Address	17919 Waterview Pkwy
City	Dallas
County	Dallas
State	TX
ZIP	75252
Country	USA
Email	eplan@utdallas.edu

[Save & Continue](#) [Cancel](#)

Kansas City, KS 64145, USA

Contact Information **Phone Information** Facility Association Documents Validate Record

### Contact Phone Information

**T (Submitter)**

\* Federal requirements include: Owner / Operator (name, mail address, phone & email)  
Emergency Contact (title, name & 2 phone numbers, one of which must be 24-hour)  
Tier II Information Contact (title, name, email & phone).

Phone Type	Phone Number	
Work	972-883-2000	<a href="#">Edit</a> <a href="#">Delete</a>

Phone Type [Select Phone Type](#)

Phone Number

[Add](#) [Reset](#) [Next](#)

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**Kentucky** requests the following:

- 1) Facility Information - State Fields: Kentucky does not allow users to submit their Tier II information using Tier2 Submit. Check with the Kentucky Emergency Management (KYEM) to see how to submit your Tier II information.

Massachusetts requests the following:  
1) Chemical Information - State Fields: Shipment information.

Lunenburg, MA 01462, USA

Chemical Information Storage Locations Mixture Components **State Fields** Documents Validate Record

**State Applicable Fields**

**CHLORINE (CAS#: 7782505)**

\* Fields are State mandatory fields

Mode of Shipment - Truck \*

☐

Mode of Shipment - Tank Truck \*

☐

Mode of Shipment - Rail Car \*

☐

Mode of Shipment - Tank Car \*

☐

Mode of Shipment - Pipeline \*

☐

Mode of Shipment - Barge \*

☐

Other (Specify) \*

☐

Mode of Shipment - If other, specify in text \*

Frequency of Shipment \*

Frequency of Shipment per \*

Week ▾

Maximum Capacity per Single Vessel (lbs) \*

Maximum Shipment Qty (lbs) \*

Average Shipment Qty (lbs) \*

Physical State in Transit \*

Solid ▾

Carrier (Name of Company that is transporting the chemical) \*

Massachusetts requires that you create a Chemical Carrier contact for each carrier, including the carrier company name, address, and two phone numbers, one of which is a 24-hour number. Add this to the facility's contacts. \*

Comments (please provide both the preplanned and usual routes of travel) \*

Update & continue Reset



**Maine** requests the following:

- 1) Facility Information: Mailing address
- 2) Chemical Information: Maximum Amount in Largest Container
- 3) Chemical Information - State Fields:
  - A carrier company name and 24-hour phone number
  - Shipment information

Scarborough, ME 04074, USA

**Chemical Information** | Storage Locations | Mixture Components | **State Fields** | Documents | Validate Record

### State Applicable Fields

**CHLORINE (CAS#: 7782505)**

\* Fields are State mandatory fields

Mode of Shipment - Truck \* ☐

Mode of Shipment - Tank Truck \* ☐

Mode of Shipment - Rail Car \* ☐

Mode of Shipment - Tank Car \* ☐

Mode of Shipment - Pipeline \* ☐

Mode of Shipment - Barge \* ☐

Other (Specify) \* ☐

Mode of Shipment - If other, specify in text \*

Frequency of Shipment \*

Frequency of Shipment per \*

Maximum Capacity per Single Vessel (lbs) \*

Maximum Shipment Qty (lbs) \*

Average Shipment Qty (lbs) \*

Physical State in Transit \*

Carrier \*

Please provide a carrier company name and 24-hour phone number

Comments (please provide both the primary and alternate routes of travel) \*

### Quantity

Max Daily Amount Code

Maximum Daily Amount in pounds\*

Avg Daily Amount Code

Average Daily Amount in pounds\*

Maximum Amount in largest container (pounds)

### Physical Address (Location where chemicals are present)

Street \*

State \*

County \*

Note: The 'county name' is the 'city name' when there is no associated county.

City \*

ZIP \*

Country

### Mailing Address

☐ Check if Mailing Address same as Physical Address. Enter Mailing Address below if different.

Street \*

City \*

State \*

ZIP \*

Country \*

**Minnesota** requests **the following:**

1) Facility Information - State Fields: Minnesota does not allow users to submit their Tier II information using Tier2 Submit. Check with your state to see how to submit your Tier II information.

Bloomington, MN 55420, USA

Facility Information

Facility Identification

State Fields

Documents

Validate Record

State Applicable Fields

\* Fields are State mandatory fields

Minnesota does not allow users to submit their Tier II information using Tier2 Submit. Check with your state to see how to submit your Tier II information.

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**New Hampshire** requests the following:

- 1) Facility Information - State Fields: A consistent and monitored email address.
- 2) Facility Information - State Fields: SDS attachments are required for all reported chemicals.
- 3) Contact Information - Contact Type: **Chemical Carrier** contact for each carrier, including the carrier company name, address, and two phone numbers, one of which is a 24-hour number.
- 4) Chemical Information - State Fields: Shipment information.

Hudson, NH 03051, USA

Facility Information Facility Identification **State Fields** Documents Validate Record

### State Applicable Fields

\* Fields are State mandatory fields

**State Requirement Error:** Please fill a valid email address for the State requirement labelled **Monitored Email Address**.

**State Requirement Error:** Please fill a value for the State requirement labelled **Safety Data Sheets (SDSs) attached**.

Monitored Email Address \*

Safety Data Sheets (SDSs) attached \* ☐

[Update & Continue](#) [Reset](#)

Hudson, NH 03051, USA

**Chemical Information** Storage Locations Mixture Components **State Fields** Documents Validate Record

### State Applicable Fields

**CHLORINE (CAS#: 7782505)**

\* Fields are State mandatory fields

Mode of Shipment - Truck ☐

Mode of Shipment - Tank Truck ☐

Mode of Shipment - Rail Car ☐

Mode of Shipment - Tank Car ☐

Mode of Shipment - Pipeline ☐

Mode of Shipment - Barge ☐

Other (Specify) ☐

Mode of Shipment - If other, specify in text

No. of Shipments

Frequency of Shipment per  Day

Maximum capacity per single vessel

Max Quantity of Shipment in lbs

Avg Quantity of Shipment in lbs

Physical State in Transit  Solid

Comments (provide both the primary and alternate routes of travel)

Carrier (Name of Company that is transporting the chemical)

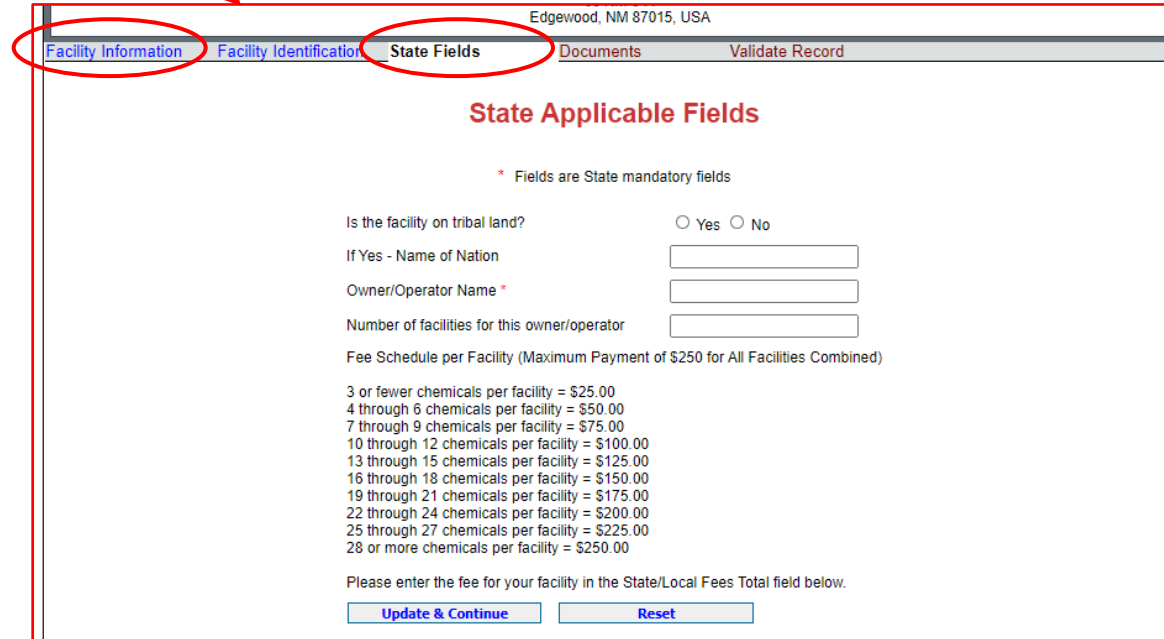
[Update & continue](#) [Reset](#)

**New Mexico** requests the following:

1) Facility Information: Added naming convention for attachments such as filecontent\_facilityname. Examples:

- SDS\_Chlorine\_ABCIndustry-Greenville.pdf
- SitePlan\_FranklinCountyWaterTreatmentPlant.jpg
- AerialPhoto\_SummertownPumpStation.png

2) Facility Information - State Fields



Edgewood, NM 87015, USA

Facility Information Facility Identification **State Fields** Documents Validate Record

### State Applicable Fields

\* Fields are State mandatory fields

Is the facility on tribal land? ☐ Yes ☐ No

If Yes - Name of Nation

Owner/Operator Name \*

Number of facilities for this owner/operator

Fee Schedule per Facility (Maximum Payment of \$250 for All Facilities Combined)

3 or fewer chemicals per facility = \$25.00
4 through 6 chemicals per facility = \$50.00
7 through 9 chemicals per facility = \$75.00
10 through 12 chemicals per facility = \$100.00
13 through 15 chemicals per facility = \$125.00
16 through 18 chemicals per facility = \$150.00
19 through 21 chemicals per facility = \$175.00
22 through 24 chemicals per facility = \$200.00
25 through 27 chemicals per facility = \$225.00
28 or more chemicals per facility = \$250.00

Please enter the fee for your facility in the State/Local Fees Total field below.

North Carolina requests the following:  
Click [here](#) to view the North Carolina Hazardous Materials Tier II State Fields Guide.

Mebane, NC 27302, USA

Facility InformationFacility IdentificationState FieldsDocumentsValidate Record

Facility Information

\* Fields are mandatory fields

\*\* Fields are E-Plan mandatory fields

Remember to press the [Save & Continue](#) button after updating any information on this page. Otherwise, the changes will not be saved.

Facility Details

Facility Name \*

Department

Company Name \*\* [Copy company name to other facilities](#)

Facility Email

Fire District \*

-- Select Fire District --

-- Select Fire District --

Alamance County E.M.S., 00151

Alamance County Rescue Squad, 00150

Altamaha-Ossipee Fire Department, Inc., 00101

Burlington Fire Department, 00102

E. M. Holt Community Volunteer Fire Department, 00103

Eli Whitney Volunteer Fire Department, Inc., 00104

Elon Fire / Rescue, 00105

Faucette Township Volunteer Fire Department, Inc., 00106

Graham Fire Department, 00107

Haw River Fire Department, 00108

Mebane Fire Department, 00109

North Central Alamance Fire Department, 00115

North Eastern Alamance Volunteer Fire Department, Inc., 00110

Snow Camp Volunteer Fire Department, Inc., 00111

Sweptonsville Volunteer Fire Department, Inc., 00112

Report Year

Emergency 24-Hour Phone Number

Facility Notes

Physical Address (Location where chemicals are present)

Street \*

State \*

County \*

Chemical InformationStorage LocationsMixture ComponentsState FieldsExemption Fields DocumentsValidate Record

State Applicable Fields

Propane (CAS#: 74986)

\* Fields are State mandatory fields

State Requirement Error: Please fill a value for the State requirement labelled Frequency of Shipments.

State Requirement Error: At least one of the checkboxes [Rail, Highway, Ship or Barge, Other] must be checked (State requirement).

For raw materials transported either to or from facility:

Frequency of Shipments \*

☐ Daily

☐ Weekly

☐ Monthly

☐ Annually

☐ Infrequent

☐ Not Shipped

Mode of Shipments (Check all that apply): \*

Highway

☐

Are trailers containing this substance kept at this facility for more than 48 Hours? ☐ Yes ☐ No

Rail

☐

Are rail cars containing this substance kept at this facility for more than 48 Hours? ☐ Yes ☐ No

Ship or Barge

☐

Other

☐

Update & continue

Reset

NC facility (FacID: 6842719) [EDIT](#) [DELETE](#)

3855 Hwy 999N

Mebane, NC 27302, USA

Facility InformationFacility IdentificationState FieldsDocumentsValidate Record

State Applicable Fields

\* Fields are State mandatory fields

State Requirement Error: Please fill a value for the State requirement labelled Facility Type.

State Requirement Error: Please fill a value for the State requirement labelled Are you regulated under the EPA Risk Management Program (RMP).

State Requirement Error: Please fill a value for the State requirement labelled Are you regulated under the OSHA Process Safety Management program?

State Requirement Error: Please fill a value for the State requirement labelled Are you regulated under the EPA Toxics Release Inventory (TRI) program?

State Requirement Error: Please fill a value for the State requirement labelled Are you regulated under the Resource Conservation and Recovery Act (RCRA) as a generator of hazardous waste?

Company Name \*

Facility Type \*

Industrial/Other Private Business

Government (Federal, State, or Local)

Educational

Tribal (Federally Recognized)

Agricultural (Industrial/Commercial)

Agricultural (Fertilizer/Pesticide Storage & Sales)

Agricultural (Family Farm)

Motor Vehicle Dealer

Motor Vehicle Fuel Retailer

For EPCRA Section 302 Planners: Facility floor plans attached as a site plan

Other Regulatory Programs: The Tier II form is required under the conditions specified by the Emergency report under other chemical regulatory programs too. Indicate that information below. Additionally, if any of ID and Regulations section above. (For facilities subject to CFATS, note that information that may compo

Are you regulated under the Department of Homeland Security CFATS program?

Are you regulated under the EPA Risk Management Program (RMP) \*

Are you regulated under the OSHA Process Safety Management program? \*

Are you regulated under the EPA Toxics Release Inventory (TRI) program? \*

Are you regulated under the Resource Conservation and Recovery Act (RCRA) as a generator of hazardous waste? \*

RCRA hazardous waste contingency plan and/or quick guide attached

☐

RCRA Site ID Number

Nearest Hazardous Materials Response Team: It is important to know who is the closest response team to your site in order to understand the response time and incorporate that into your facility emergency planning. If you don't know the nearest team, contact your local fire department, county emergency manager, or Local Emergency Planning Committee. A directory of fire departments is available on the North Carolina Fire Marshal's Office at <https://www.ncosfm.gov/nc-fire-department-rescue-ems-directory-including-fold>.

Name of Nearest Hazardous Materials Response Team

24-Hour Phone Number for Team

City Where Team is Located

Is your facility deregistered? ☐

Deregistration: Is your facility under threshold planning quantity for Tier II reporting [40 CFR 370.10(a)] for ALL hazardous substances onsite? Do you plan to remain under the threshold going forward? If so, mark your facility as deregistered below. Also, for deregistering ALL Section 302, Extremely Hazardous Substance facilities, follow up with county emergency management and the Local Emergency Planning Committee for community response plan updates on your facility. Reminder: Right to Know for OSHA reporting thresholds are 55 gallons/500 pounds. Continue to submit a 311 inventory and safety data sheet, if applicable.

Last Date All Hazardous Substances Were Onsite \*

Notes: For information on North Carolina State Fields and EPCRA reporting guidance, visit our website at <https://www.ncdps.gov/our-organization/emergency-management/hazardous-materials> and view the LERC page for your local contact and the EPCRA/Tier II page for frequently asked questions. For E-Plan accounts or online reporting system error messages, contact UT Dallas at <https://erplan.net/erplan/support/contactus.htm>. Note that Facility Tier II accounts are associated with the facility and not the user. For personnel changes, contact UT Dallas using your organizational email address to gain the historical account Access ID. For additional support, contact [EPCRA@ncdps.gov](mailto:EPCRA@ncdps.gov).

Update & Continue

Reset

21

North Dakota requests the following:

1) Facility Information - State Fields: North Dakota does not allow users to submit their Tier II information using Tier2 Submit. Check with [your state](#) to see how to submit your Tier II information.

Bismarck, ND 58503, USA

[Facility Information](#) [Facility Identification](#) [State Fields](#) [Documents](#) [Validate Record](#)

### State Applicable Fields

\* Fields are State mandatory fields

North Dakota does not allow users to submit their Tier II information using Tier2 Submit. Check with your state to see how to submit your Tier II information.

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**Ohio** requests the following:

**Note: Reporting year 2024 - Updated state-specific fields and/or instructions.**

1) Facility Information - State Fields:

- Added a **Validation** error if more than one of the Type of Filing boxes is checked (but checking none of the boxes is acceptable).
- Added a **Warning** if Confidential Location Forms included is checked but there are no attachments.

2) Chemical Information - State Fields: Fee classification for substance.

Facility Information | Facility Identification | **State Fields** | Documents | Validate Record

### State Applicable Fields

\* Fields are State mandatory fields

Type of Filing

Initial Filing (First Time Filer) ☐

Updated Filing ☐

Annual Filing ☐

Confidential Location Forms Included ☐

Signature Certification Form included ☐

[Download Signature Certification Form](#)

Facility Name Has Changed Since Last Tier II Filing ☐

Previous Facility Name (If Known)

Owner / Operator Has Changed Since Last Tier II Filing ☐

Previous Parent Company/Owner Name (If Known)

Once your information is complete and accurate, it needs to be submitted to the appropriate entities. Tier II reporters in Ohio must:

- Email your T2S file to the State Emergency Response Commission and Local Emergency Planning Committee. Email addresses can be found in the [Ohio SERC Manual](#).
- Mail either your T2S file or a paper copy to your local fire department (depending on their preference). Contact details can be found on the [Ohio Fire Department Listing webpage](#).
- Fees: To properly calculate your annual filing fee owed, use the pre-printed Ohio SERC Filing Fee Worksheet with the new Receivable ID number for the current reporting period. Ohio SERC mails out the pre-printed worksheet directly to facilities mid-January each year.
  - Facilities are strongly encouraged to pay their Annual Chemical Filing Fees online through the Ohio EPA's eBusiness Center portal using each facility's assigned Receivable ID number(s). Directions can be found at <https://epa.ohio.gov/serc>, see "Pay Ohio EPA Fees Online" tile.
  - If not able to pay online, complete the bottom portion of the worksheet, and mail with a check for the corresponding amount.

[Update & Continue](#) [Reset](#)

Chemical Information | Storage Locations | Mixture Components | **State Fields** | Documents | Validate Record

### State Applicable Fields

CHLORINE (CAS#: 7782505)

\* Fields are State mandatory fields

Fee classification for this reported substance

[Update & continue](#)

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**Oklahoma** requests the following:

- 1) Facility Information: Emergency 24-Hour Phone Number.
- 2) Facility Information - State Fields

Oklahoma City, OK 73127, USA

Facility Information   Facility Identification   State Fields   Documents   Validate Record

### Facility Information

\* Fields are Federal mandatory fields  
\*\* Fields are E-Plan mandatory fields

Remember to press the [Save & Continue](#) button after updating any information on this page. Otherwise, the changes will not be saved.

Facility Details

Facility Name \*

Department

Company Name \*\*  [Copy company name to other facilities](#)

Facility Email

Fire District

Report Year

Emergency 24-Hour Phone Number

Facility Notes

Oklahoma City, OK 73127, USA

Facility Information   Facility Identification   State Fields   Documents   Validate Record

### State Applicable Fields

\* Fields are State mandatory fields

Are you regulated under the Department of Homeland Security CFATS program? ☐ Yes ☐ No

Are you regulated under the EPA Risk Management Program (RMP)? ☐ Yes ☐ No

Are you regulated under the RCRA as a generator of hazardous waste?

Are you regulated under the OSHA Process Safety Management program? ☐ Yes ☐ No

Are you regulated under the EPA Toxics Release (TRI) program? ☐ Yes ☐ No

Have you reported any spill or released Hazardous Material to the National Response Center (NRC) in the past 5 years? ☐ Yes ☐ No

Date(s) of Report(s)

National Response Center (NRC) Case Number(s)

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**Rhode Island** requests the following:

- 1) Facility Information - State Fields: LEPC
- 2) Facility Information - State Fields: Community Drinking Water System Owner for the area your facility within.
- 3) Facility Information - Documents: At least three files must be attached for each facility.
  - A site plan
  - A description of dikes and other safeguard measures
  - A list of site coordinate abbreviations
- 4) Contact Information: Chemical Carrier contact for each carrier, including the carrier company name, address, and two phone numbers, one of which is a 24-hour number.
- 5) Contact Information: Owner/Operator requires a 24-hour phone number
- 6) Chemical Information - State Fields: Shipment information

Providence, RI 02904, USA

Facility Information Facility Identification **State Fields** Documents Validate Record

### State Applicable Fields

\* Fields are State mandatory fields

**State Requirement Error:** Please fill a value for the State requirement labelled **Is your facility located within a Community Water System Area?**

LEPC

Is your facility located within a Community Water System Area? \* ☐ Yes ☐ No

Community Drinking Water System Owner

[Update & Continue](#) [Reset](#)

Providence, RI 02904, USA

Facility Information Facility Identification **Documents** Validate Record

### Document Upload

\* Fields are Federal mandatory fields

- ☐ I have submitted a site plan.
- ☐ I have attached a description of dikes and other safeguard measures.
- ☐ I have attached a list of site coordinate abbreviations.

No.	Document ID	File Name	File Type	File Category	File Description	Download
-----	-------------	-----------	-----------	---------------	------------------	----------

File types: PDF, DOC, JPG are only allowed.  
If entering a link, choose File type as Link  
and put the link as http://somewebsite in the description field.

**All Fields are Mandatory**

File Type

File Category

File  No file chosen Max file size 9 Mb

File Description

[Upload](#) [Next \(Add Contact\)](#)

Providence, RI 02904, USA

**Chemical Information** Storage Locations Mixture Components **State Fields** Documents Validate Record

### State Applicable Fields

**CHLORINE (CAS#: 7782505)**

\* Fields are State mandatory fields

Mode of Shipment:

Mode of Shipment - Truck ☐

Mode of Shipment - Tank Truck ☐

Mode of Shipment - Rail Car ☐

Mode of Shipment - Tank Car ☐

Mode of Shipment - Pipeline ☐

Mode of Shipment - Barge ☐

Other (Specify)

Specify other

Frequency of Shipment \*

Frequency of Shipment per \*

Maximum Capacity per Single Vessel (lbs) \*

Maximum Shipment Qty (lbs) \*

Average Shipment Qty (lbs) \*

Physical State in Transit \*

Carrier (Name of Company that is transporting the chemical)

Rhode Island requests that you create a Chemical Carrier contact for each carrier, including the carrier company name, address, and two phone numbers, one of which is a 24-hour number. Add this to the facility's contacts.

Comments (please provide both the primary and alternate routes of travel)

[Update & continue](#) [Reset](#)

South Carolina requests the following:  
1) Chemical Information: Maximum Amount in largest container

Quantity

Max Daily Amount Code

Select Max Code ▼

Maximum Daily Amount in pounds\*

10,001

Avg Daily Amount Code

Select Avg Code ▼

Average Daily Amount in pounds\*

1

Maximum Amount in largest container (pounds)

1,000

South Dakota requests the following:

- 1) Chemical Information - State Fields
- 2) Facility Information - State Fields

Pierre, SD 57501, USA

Facility Information Facility Identification **State Fields** Documents Validate Record

### State Applicable Fields

\* Fields are State mandatory fields

South Dakota prefers that users submit their Tier II information using the South Dakota Online system. Call 800-433-2288 for more information.

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Pierre, SD 57501, USA

[Chemical Information](#) [Storage Locations](#) [Mixture Components](#) **State Fields** [Documents](#) [Validate Record](#)

### State Applicable Fields

**CHLORINE (CAS#: 7782505)**

\* Fields are State mandatory fields

Voluntary report (check this box if you are submitting a voluntary report for an exempt chemical) ☐

If Reporting Storage of Fertilizer Products: ☐

Ingredient in custom blend (check this box if you are reporting a fertilizer product that you use/blend to produce a custom fertilizer mixture) ☐

Applied straight (check this box if you are reporting fertilizer that you do not blend before use) ☐

[Update & continue](#) [Reset](#)

**Texas** requests the following:

- 1) Facility Information
- 2) Chemical Information

Plano, TX 75075, USA

Chemical Information Storage Locations Mixture Components **State Fields** Documents Validate Record

### State Applicable Fields

CHLORINE (CAS#: 7782505)

\* Fields are State mandatory fields

Texas requests the following:

**Note: All Texas Tier II Reports must be submitted using the online Tier II Reporting system available through the State of Texas Environmental Electronic Reporting System (STEERS).**

If this chemical is no longer kept onsite, provide the date that the chemical was no longer stored at the facility.

Inactive Date

[Update & continue](#) [Reset](#)

Chemical Information **Storage Locations** Mixture Components State Fields Documents Validate Record

### Chemical Storage Locations

CHLORINE (CAS#: 7782505)

Location	Maximum Amount	Storage/Pressure/Temperature Types	
Warehouse	<input type="text"/>	Battery / Greater than ambient pressure / Ambient temperature	<a href="#">Edit</a> <a href="#">Delete</a>

#### Storage Locations

Storage Type\*

Pressure Type\*

Temperature Type\*

Location\*

Storage locations are confidential (and form is attached, if allowed in your state) ☐

[Download Confidential Location Form](#)

Maximum amount at Location

[Add](#) [Reset](#) [Next](#)

Texas requests the following:

**Note: All Texas Tier II Reports must be submitted using the online Tier II Reporting system available through the State of Texas Environmental Electronic Reporting System (STEERS).**

Type of Filing:

Initial ☐

Updated ☐

Annual ☐

Facility Status:

During this reporting year, did you purchase this facility, start to carry reportable amounts of chemicals for the first time, or is this the first time filing a Tier II Report for this facility? If yes, you must enter the effective date that the facility was first required to report under your management. \*

Effective Date

During this reporting year, was this facility sold to another company, or did it close operations or discontinue storing reportable quantities of hazardous substances? If yes, you must enter the date the facility became inactive. Answering "No" means that as of the end of the reporting year you were still operating this facility and storing reportable quantities of hazardous substances. \*

Inactive Date

LEPC Name

Please use the TXT2 number that has been previously assigned to your owner/operator. New filers please contact the Texas Tier II Program at tier2help@tceq.texas.gov or 800-452-2791 (In-Texas) or 512-239-5060.

TXT2 Number \*

TCEQ Regulated Entity Number (RN) \*

TCEQ Customer Number (CN) \*

If you have confidential storage locations, please use the "Storage locations are confidential" checkbox located in the Storage Locations section of each chemical page.

[Update & Continue](#) [Reset](#)

**Utah** requests the following:

1) Facility Information - Documents: Added naming convention for attachments such as filecontent\_facilityname. Examples:

- SitePlan-Map\_FranklinCountyWaterTreatmentPlant.jpg
- AerialPhoto\_SummertownPumpStation.png
- SDS\_Chlorine\_ABCIndustry-Greenville.pdf
- ConfidentialLocationForm\_123Industry.pdf
- Letter\_UtahMiningCompany.pdf

2) Facility Information - State Fields: Utah State ID is required.

Ogden, UT 84401, USA

Facility Information Facility Identification **State Fields** Documents Validate Record

### State Applicable Fields

\* Fields are State mandatory fields

The state of Utah requests that each new facility subject to reporting under EPCRA Section 311/312 acquire a Utah Tier 2 ID from the Utah Department of Environmental Quality. To obtain a Utah Tier 2 ID for a new facility, please follow the instructions for [creating a Utah ID account](#). Once you have completed this process, log on to the [Utah Tier 2 Submission Portal](#) and go to Site Reporters → New Facility Request. After you have submitted your request and it has been approved, you can view your Utah Tier 2 ID under Site Reporters → My Facilities.

To enter your State ID:

1. Go to "Facility Identification" page.
2. Select "State ID" in the "ID Type"
3. Enter the Utah Tier 2 ID number in the "ID Value" field.
4. Click "Add" button

Additional information: The Utah Tier 2 ID assignment is linked to the physical address/location of the facility and does not change (regardless of new ownership or facility name changes). New users can obtain an existing Tier 2 ID by requesting to add the facility to their account via the Tier 2 Submission Portal. My Facilities feature. When completed, please submit your electronic file to the Tier 2 Submission Portal at <https://tier2.deq.utah.gov/> using the Pages menu option. Please email [equenr2@utah.gov](mailto:equenr2@utah.gov) or call the Tier 2 Coordinator at 801-536-4100 for any questions.

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Ogden, UT 84401, USA

Facility Information Facility Identification **State Fields** Documents Validate Record

### Facility Identification

\* Report a 6-digit NAICS code and 9-digit Dun and Bradstreet number (Federal requirements)  
(Dun and Bradstreet: Non-business entities may enter "N/A")

ID Type	ID Value	Description
Select Type		
Select Type		
TRI		
SIC		
Dun & Bradstreet		
State ID		
RMP		
NAICS		
EIN#		
Other		

[Add](#) [Reset](#) [Next](#)

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**Vermont** requests the following:

- 1) Company will be invoiced for fees owed.
- 2) Chemical Information - State Fields: Shipment information.
- 3) Contact Information - Contact Type: Chemical Carrier contact for each carrier, including the carrier company name.
- 4) Facility Information - State Fields: LEPC

Williston, VT 05495, USA

Facility Information Facility Identification **State Fields** Documents Validate Record

### State Applicable Fields

\* Fields are State mandatory fields

LEPC \* State Wide LEPC

Update & Continue Reset

Mode of Shipment - Truck \* ☐

Mode of Shipment - Tank Truck \* ☐

Mode of Shipment - Rail Car \* ☐

Mode of Shipment - Tank Car \* ☐

Mode of Shipment - Pipeline \* ☐

Mode of Shipment - Barge \* ☐

Other (Specify) \* ☐

Mode of Shipment - If other, specify in text \*

Frequency of Shipment \*

Frequency of Shipment per \* Day

Maximum Capacity per Single Vessel (lbs) \*

Maximum Shipment Qty (lbs) \*

Average Shipment Qty (lbs) \*

Physical State in Transit \* Solid

Carrier \*

Vermont requests that you create a Chemical Carrier contact for each carrier, including the carrier company name, address, and two phone numbers, one of which is a 24-hour number. Add this to the facility's contacts.

Comments (provide both the primary and alternate routes of travel) \*

Update & continue Reset

**Virginia** requests the following:

1) Facility Information - State Fields: Certification letter attached.

Alexandria, VA 22306, USA

Facility Information Facility Identification **State Fields** Documents Validate Record

### State Applicable Fields

\* Fields are State mandatory fields

Virginia requires the following:

Certification letter attached? \* ☐ Yes ☐ No

[Download a certification letter template](#) from the Virginia Department of Environmental Quality. Fill it out with the appropriate data for your facility, then attach the form in the Documents section.

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Washington requests the following:

1) Facility Information - State Fields

Yelm, WA 98597, USA

Facility Information Facility Identification State Fields Documents Validate Record

### State Applicable Fields

\* Fields are State mandatory fields

Washington does not allow users to submit their Tier II information using Tier2 Submit. Check with your state to see how to submit your Tier II information.

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**Wyoming** requests the following:

**Note: Reporting year 2024 - Updated state-specific fields and/or instructions.**

- 1) Chemical Information: Maximum Amount in Largest Container
- 2) Facility Information - State Fields: Submit Tier II report.

123 N 2nd St  
Evanston, WY 82930, USA

Facility Information Facility Identification **State Fields** Documents Validate Record

### State Applicable Fields

\* Fields are State mandatory fields

Is this facility owned/operated by a nonprofit organization or government entity (city, county, state, or federal)? \* ☐ Yes ☐ No

Wyoming requests the following:  
Please follow the steps below to submit a file to the state of Wyoming:

1. Once all your records are valid, generate a T2S file. ([Please view this step-by-step guide](#)).
2. If your company is subject to emergency planning under Section 302 of EPCRA, you are required to complete an Emergency Plan using the template on the [Wyoming Tier II Portal](#)
3. Use the [Wyoming Tier II Portal](#) to upload your T2S file and (if required) submit your Emergency Plan. (Note that the portal will only accept T2S files, not ZIP files.)
4. Save your T2S file on your computer for your company's records.

[Update & Continue](#) [Reset](#)

### Quantity

Max Daily Amount Code

Maximum Daily Amount in pounds\*

Avg Daily Amount Code

Average Daily Amount in pounds\*

**Maximum Amount in largest container (pounds) \***

Below Reporting Thresholds † ☐