

**MORGAN COUNTY  
LOCAL EMERGENCY PLANNING COMMITTEE**  
60 South Fourth Street • McConnelsville • Ohio • 43756  
Office (740) 962-3900 • Fax (740) 962-3901

**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 Morgan 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 Morgan 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 "Morgan 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**

*Please check the appropriate box (es)*

- |  |   |
|--|---|
| <input type="checkbox"/> List of extremely hazardous substances at the site      | <input type="checkbox"/> Section 304 information of release or spill reports on record with the MCLEPC.   |
| <input type="checkbox"/> List of hazardous substances stored or used at the site | <input type="checkbox"/> Completed chemical inventory and location form   |
| <input type="checkbox"/> Copy of MSDS for a specific chemical(s)                 | <input type="checkbox"/> List of reported chemicals/products at the site, which may pose a physical hazard (fire, sudden release of pressure, or reactivity.) |
| Product Name(s): _____   | <input type="checkbox"/> List of chemicals/products which may pose a particular health hazard reported to MCLEPC  |
| _____  |   |

**NON-STANDARD INFORMATION REQUESTS**

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

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

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**RETURN THIS FORM TO:**

Morgan County Local Emergency Planning Committee  
60 South Fourth Street  
McConnellsville, Ohio 43756

740-962-3900 Office  
740-962-3901 Fax  
<http://www.morganema.com>

**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	_____