

Section 1. Registration Information

Source Identification

| | |
|-------------------------|--------------------|
| Facility Name: | X229 Track |
| Parent Company #1 Name: | Dead River Company |
| Submission Type: | First Time |
| Receipt Date: | January 2021 |

Facility Identification

| | |
|--------------|----------------|
| Facility ID: | 1000 0024 5255 |
|--------------|----------------|

Dun and Bradstreet Numbers (DUNS)

| | |
|----------------|-----|
| Facility DUNS: | N/A |
|----------------|-----|

Facility Location Address

| | |
|-----------|-------------------------------------|
| Street 1: | Near 225 First Flight Drive Suite 2 |
| Street 2: | N/A |
| City: | Auburn |
| State: | ME |
| ZIP: | 04210 |
| ZIP4: | N/A |
| County: | Androscoggin |

Facility Latitude and Longitude

| | |
|----------------------|-----------|
| Latitude (decimal): | 44.04844 |
| Longitude (decimal): | -70.30144 |

Local Emergency Planning Committee and Regulations

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|--------------|--------------------------|
| LEPC: | Androscoggin County LEPC |
| OSHA PSM: | N/A |
| EPCRA 302: | N/A |
| CAA Title V: | N/A |

Process Chemicals

| | |
|------------------|-------------------------|
| Program Level: | Program Level 2 process |
| Chemical Name: | Propane |
| CAS Number: | 74-98-6 |
| Flammable/Toxic: | Flammable |

Process NAICS

| | |
|--------------------|---------------------------------------|
| NAICS Code: | 42471 |
| NAICS Description: | Petroleum Bulk Stations and Terminals |

Section 6. Accident History

No records found.

Section 9. Emergency Response

Written Emergency Response (ER) Plan

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|---|-----|
| Community Plan (Is facility included in written community emergency response plan?): | Yes |
| Facility Plan (Does facility have its own written emergency response plan?): | Yes |
| Response Actions (Does ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?): | Yes |
| Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?): | Yes |
| Healthcare (Does facility's ER plan include information on emergency health care?): | Yes |

Local Agency

| | |
|--|------------------------|
| Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated): | Auburn Fire Department |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (207) 333-6633 |