

## Section 1. Registration Information

### Source Identification

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|                                |                              |
|--------------------------------|------------------------------|
| Facility Name:                 | Fairview NH3                 |
| Parent Company #1 Name:        | Farmers Cooperative Elevator |
| Submission Type:               | Corrections                  |
| Receipt Date:                  | December 2004                |
| Status:                        | Deregistered                 |
| Deregistration Effective Date: | November 2003                |

### Facility Identification

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|              |                |
|--------------|----------------|
| Facility ID: | 1000 0004 6363 |
|--------------|----------------|

### Dun and Bradstreet Numbers (DUNS)

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

### Facility Location Address

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|           |                       |
|-----------|-----------------------|
| Street 1: | 600 South High Street |
| Street 2: | N/A                   |
| City:     | Fairview              |
| State:    | KS                    |
| ZIP:      | 66425                 |
| ZIP4:     | N/A                   |
| County:   | Brown                 |

### Facility Latitude and Longitude

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|                      |             |
|----------------------|-------------|
| Latitude (decimal):  | 39.835000   |
| Longitude (decimal): | -095.722778 |

### Local Emergency Planning Committee and Regulations

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

## Process Chemicals

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|                  |                         |
|------------------|-------------------------|
| Program Level:   | Program Level 2 process |
| Chemical Name:   | Ammonia (anhydrous)     |
| CAS Number:      | 7664-41-7               |
| Flammable/Toxic: | Toxic                   |

## Process NAICS

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|                    |                                    |
|--------------------|------------------------------------|
| NAICS Code:        | 42491                              |
| NAICS Description: | Farm Supplies Merchant Wholesalers |

## Section 6. Accident History

### Accident History ID: Accident 1

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|                                 |                                    |
|---------------------------------|------------------------------------|
| Date of Accident:               | May 2004                           |
| Time Accident Began (HH:MM):    | 05:00                              |
| NAICS Code of Process Involved: | 42491                              |
| NAICS Description:              | Farm Supplies Merchant Wholesalers |
| Release Duration:               | 000 Hours 15 Minutes               |

## Release Event

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|                                |     |
|--------------------------------|-----|
| Gas Release:                   | N/A |
| Liquid Spill/Evaporation:      | Yes |
| Fire:                          | N/A |
| Explosion:                     | N/A |
| Uncontrolled/Runaway Reaction: | N/A |

## Release Source

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|                       |     |
|-----------------------|-----|
| Storage Vessel:       | N/A |
| Piping:               | N/A |
| Process Vessel:       | N/A |
| Transfer Hose:        | Yes |
| Valve:                | N/A |
| Pump:                 | N/A |
| Joint:                | N/A |
| Other Release Source: | N/A |

## Weather Conditions at the Time of Event

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|                              |         |
|------------------------------|---------|
| Wind Speed:                  | 10.0    |
| Units:                       | Miles/h |
| Direction:                   | SSW     |
| Temperature:                 | N/A     |
| Atmospheric Stability Class: | N/A     |
| Precipitation Present:       | N/A     |
| Unknown Weather Conditions:  | Yes     |

## On-Site Impacts

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|                                  |   |
|----------------------------------|---|
| Employee or Contractor Deaths:   | 0 |
| Public Responder Deaths:         | 0 |
| Public Deaths:                   | 0 |
| Employee or Contractor Injuries: | 0 |
| Public Responder Injuries:       | 0 |
| Public Injuries:                 | 1 |
| On-Site Property Damage (\$):    | 0 |

## Known Off-Site Impacts

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|                                |   |
|--------------------------------|---|
| Deaths:                        | 0 |
| Hospitalizations:              | 1 |
| Public Deaths:                 | 0 |
| Other Medical Treatments:      | 0 |
| Evacuated:                     | 0 |
| Sheltered-in-Place:            | 0 |
| Off-Site Property Damage (\$): | 0 |

## Environmental Damage

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|                                    |     |
|------------------------------------|-----|
| Fish or Animal Kills:              | N/A |
| Tree, Lawn, Shrub, or Crop Damage: | N/A |
| Water Contamination:               | N/A |
| Soil Contamination:                | Yes |
| Other Environmental Damage:        | N/A |

## Initiating Event

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|                   |             |
|-------------------|-------------|
| Initiating Event: | Human Error |
|-------------------|-------------|

## Contributing Factors

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|                                  |                     |
|----------------------------------|---------------------|
| Equipment Failure:               | N/A                 |
| Human Error:                     | N/A                 |
| Improper Procedures:             | N/A                 |
| Overpressurization:              | N/A                 |
| Upset Condition:                 | N/A                 |
| By-Pass Condition:               | N/A                 |
| Maintenance Activity/Inactivity: | N/A                 |
| Process Design Failure:          | N/A                 |
| Unsuitable Equipment:            | N/A                 |
| Unusual Weather Condition:       | N/A                 |
| Management Error:                | N/A                 |
| Other Contributing Factor:       | Apparent Meth Theft |

## Off-Site Responders Notified

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|                               |                        |
|-------------------------------|------------------------|
| Off-Site Responders Notified: | Notified and Responded |
|-------------------------------|------------------------|

## Changes Introduced as a Result of the Accident

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|                                  |     |
|----------------------------------|-----|
| Improved or Upgraded Equipment:  | N/A |
| Revised Maintenance:             | N/A |
| Revised Training:                | N/A |
| Revised Operating Procedures:    | N/A |
| New Process Controls:            | N/A |
| New Mitigation Systems:          | N/A |
| Revised Emergency Response Plan: | N/A |
| Changed Process:                 | N/A |
| Reduced Inventory:               | N/A |
| None:                            | Yes |
| Other Changes Introduced:        | N/A |

## Chemicals in Accident History

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|                          |                     |
|--------------------------|---------------------|
| Quantity Released (lbs): | 720                 |
| Percent Weight:          | N/A                 |
| Chemical Name:           | Ammonia (anhydrous) |
| CAS Number:              | 7664-41-7           |
| Flammable/Toxic:         | Toxic               |

## 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?):  | N/A |
| Response Actions (Does ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?): | N/A |
| Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?): | N/A |
| Healthcare (Does facility's ER plan include information on emergency health care?):   | N/A |

### Local Agency

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|  |                          |
|--|--------------------------|
| Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated):                 | Fairview Fire Department |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (785) 467-3800           |