## **Section 1. Registration Information**

#### Source Identification

Facility Name: Momentive Specialty Chemicals Inc Parent Company #1 Name: Momentive Specialty Chemicals

Submission Type: Resubmission
Receipt Date: December 2009
Status: Deregistered
Deregistration Effective Date: January 2012

**Facility Identification** 

Facility ID: 1000 0006 4235

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: 1338797

**Facility Location Address** 

Street 1: 1700 Lock and Dam

 Street 2:
 N/A

 City:
 Demopolis

 State:
 AL

 ZIP:
 36732

 ZIP4:
 N/A

County: Marengo

Facility Latitude and Longitude

Latitude (decimal): 32.512337 Longitude (decimal): -087.865050

Local Emergency Planning Committee and Regulations

LEPC: Marengo County LEPC

 OSHA PSM:
 Yes

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: Momentive Specialty Chemicals Inc

EPA Facility Identifier: 1000 0006 4235 Plan Sequence Number: 56112

#### **Process Chemicals**

Program Level: Program Level 3 process
Chemical Name: Formaldehyde (solution)

CAS Number: 50-00-0 Flammable/Toxic: Toxic

Program Level: Program Level 3 process
Chemical Name: Formaldehyde (solution)

CAS Number: 50-00-0 Flammable/Toxic: Toxic

Program Level: Program Level 3 process
Chemical Name: Formaldehyde (solution)

CAS Number: 50-00-0 Flammable/Toxic: Toxic

Program Level: Program Level 3 process
Chemical Name: Ammonia (conc 20% or greater)

CAS Number: 7664-41-7 Flammable/Toxic: Toxic

#### **Process NAICS**

NAICS Code: 325199

NAICS Description: All Other Basic Organic Chemical

Manufacturing

NAICS Code: 325211

NAICS Description: Plastics Material and Resin

Manufacturing

# **Section 6. Accident History**

#### Accident History ID: Accident 1

Date of Accident: December 2007

Time Accident Began (HH:MM): 02:00

NAICS Code of Process Involved: 325199

NAICS Description: All Other Basic Organic Chemical

Manufacturing

Release Duration: 002 Hours 00 Minutes

#### Release Event

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

#### Release Source

 Storage Vessel:
 N/A

 Piping:
 N/A

 Process Vessel:
 N/A

 Transfer Hose:
 N/A

 Valve:
 N/A

 Pump:
 N/A

 Joint:
 N/A

Other Release Source: wastewater sump

#### Weather Conditions at the Time of Event

Wind Speed: 8.0
Units: Miles/h
Direction: SSE
Temperature: N/A
Atmospheric Stability Class: D
Precipitation Present: N/A
Unknown Weather Conditions: N/A

#### **On-Site Impacts**

Employee or Contractor Deaths:

Public Responder Deaths:

O
Public Deaths:

Employee or Contractor Injuries:

Public Responder Injuries:

O
Public Injuries:

O
On-Site Property Damage (\$):

0

**Known Off-Site Impacts** 

Deaths:0Hospitalizations:0Public Deaths:0Other Medical Treatments:0Evacuated:0Sheltered-in-Place:0

Off-Site Property Damage (\$):

**Environmental Damage** 

Fish or Animal Kills:

Tree, Lawn, Shrub, or Crop Damage:

N/A

Water Contamination:

Yes

Soil Contamination:

Yes

Other Environmental Damage:

N/A

**Initiating Event** 

Initiating Event: Equipment Failure

**Contributing Factors** 

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

Off-Site Responders Notified

Off-Site Responders Notified: Notified Only

### Changes Introduced as a Result of the Accident

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

### Chemicals in Accident History

Quantity Released (lbs): 264
Percent Weight: 0.1

Chemical Name: Formaldehyde (solution)

N/A

Yes

CAS Number: 50-00-0 Flammable/Toxic: Toxic

## **Section 9. Emergency Response**

## Written Emergency Response (ER) Plan

accidental release?):

Community Plan (Is facility included in written community emergency response plan?):

Facility Plan (Does facility have its own Yes written emergency response plan?):

Response Actions (Does ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?):

Public Information (Does ER plan
include procedures for informing the
public and local agencies responding to

Healthcare (Does facility's ER plan

Yes
include information on emergency
health care?):

## Local Agency

Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated):

Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated):

Demopolis Fire department

(334) 289-4383