

## Section 1. Registration Information

### Source Identification

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|                                |                               |
|--------------------------------|-------------------------------|
| Facility Name:                 | HAWKINSVILLE FERTILIZER, INC. |
| Parent Company #1 Name:        | N/A                           |
| Submission Type:               | First Time                    |
| Receipt Date:                  | January 2001                  |
| Status:                        | Deregistered                  |
| Deregistration Effective Date: | June 2001                     |

### Facility Identification

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|              |                |
|--------------|----------------|
| Facility ID: | 1000 0017 4072 |
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### Dun and Bradstreet Numbers (DUNS)

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

### Facility Location Address

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|           |                 |
|-----------|-----------------|
| Street 1: | COCHRAN HIGHWAY |
| Street 2: | N/A             |
| City:     | HAWKINSVILLE    |
| State:    | GA              |
| ZIP:      | 31036           |
| ZIP4:     | N/A             |
| County:   | Pulaski         |

### Facility Latitude and Longitude

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|                      |            |
|----------------------|------------|
| Latitude (decimal):  | 32.102833  |
| Longitude (decimal): | -83.615861 |

### Local Emergency Planning Committee and Regulations

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

## Process Chemicals

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|                  |                         |
|------------------|-------------------------|
| Program Level:   | Program Level 3 process |
| Chemical Name:   | Ammonia (anhydrous)     |
| CAS Number:      | 7664-41-7               |
| Flammable/Toxic: | Toxic                   |

## Process NAICS

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|                    |  |
|--------------------|--|
| NAICS Code:        | 11511                                  |
| NAICS Description: | Support Activities for Crop Production |

## 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

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|  |                         |
|--|-------------------------|
| Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated):                 | Hawkinsville Fire Dept. |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (478) 783-1521          |