Facility Name: RIVER COUNTRY COOPERATIVE

EPA Facility Identifier: 1000 0010 9134 Plan Sequence Number: 1000091858

Section 1. Registration Information

Source Identification

Facility Name: RIVER COUNTRY COOPERATIVE

Parent Company #1 Name: N/A

Submission Type: Resubmission Receipt Date: February 2021

Facility Identification

Facility ID: 1000 0010 9134

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: N/A

Facility Location Address

Street 1: 15301 180TH STREET EAST

Street 2: N/A

City: HASTINGS State: MN

 ZIP:
 55033

 ZIP4:
 N/A

 County:
 Dakota

Facility Latitude and Longitude

Latitude (decimal): 44.687740 Longitude (decimal): -092.794600

Local Emergency Planning Committee and Regulations

 LEPC:
 N/A

 OSHA PSM:
 N/A

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: RIVER COUNTRY COOPERATIVE

EPA Facility Identifier: 1000 0010 9134 Plan Sequence Number: 1000091858

Process Chemicals

Program Level: Program Level 2 process Chemical Name: Ammonia (anhydrous)

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

Process NAICS

NAICS Code: 42459

NAICS Description: Other Farm Product Raw Material

Merchant Wholesalers

Section 6. Accident History

Accident History ID: Accident 1

Date of Accident: December 2015

Time Accident Began (HH:MM): 14:00
NAICS Code of Process Involved: 42459

NAICS Description: Other Farm Product Raw Material

Merchant Wholesalers

Release Duration: 001 Hours 00 Minutes

Release Event

Gas Release:N/ALiquid Spill/Evaporation:YesFire:N/AExplosion:N/AUncontrolled/Runaway Reaction:N/A

Release Source

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

Facility Name: RIVER COUNTRY COOPERATIVE

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Weather Conditions at the Time of Event

Wind Speed: 4.0
Units: Miles/h
Direction: SSW
Temperature: 30
Atmospheric Stability Class: F
Precipitation Present: N/A
Unknown Weather Conditions: N/A

On-Site Impacts

Employee or Contractor Deaths:

Public Responder Deaths:

Public Deaths:

Employee or Contractor Injuries:

Public Responder Injuries:

Public Injuries:

On-Site Property Damage (\$):

Known Off-Site Impacts

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

Environmental Damage

Fish or Animal Kills:

Tree, Lawn, Shrub, or Crop Damage:

Water Contamination:

Soil Contamination:

Other Environmental Damage:

N/A

Initiating Event

Initiating Event: Human Error

EPA Facility Identifier: 1000 0010 9134 Plan Sequence Number: 1000091858

Contributing Factors

Equipment Failure: N/A Human Error: Yes Improper Procedures: Yes N/A Overpressurization: **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: N/A

Off-Site Responders Notified

Off-Site Responders Notified: Notified and Responded

Changes Introduced as a Result of the Accident

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

Chemicals in Accident History

Quantity Released (lbs): 839
Percent Weight: 18

Chemical Name: Ammonia (conc 20% or greater)

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

EPA Facility Identifier: 1000 0010 9134 Plan Sequence Number: 1000091858

Section 9. Emergency Response

Written Emergency Response (ER) Plan

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

N/A

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

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

DAKOTA CO SHERIFF DEPT

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

(651) 438-4700