

Section 1. Registration Information

Source Identification

| | |
|--------------------------------|-------------------------|
| Facility Name: | Water Pollution Control |
| Parent Company #1 Name: | City of Newport |
| Submission Type: | Corrections |
| Receipt Date: | June 1999 |
| Status: | Deregistered |
| Deregistration Effective Date: | November 2001 |

Facility Identification

| | |
|--------------|----------------|
| Facility ID: | 1000 0007 0512 |
|--------------|----------------|

Dun and Bradstreet Numbers (DUNS)

| | |
|----------------|----------|
| Facility DUNS: | 75714626 |
|----------------|----------|

Facility Location Address

| | |
|-----------|---------------------|
| Street 1: | 250 Connell Highway |
| Street 2: | N/A |
| City: | Newport |
| State: | RI |
| ZIP: | 02840 |
| ZIP4: | N/A |
| County: | Newport |

Facility Latitude and Longitude

| | |
|----------------------|------------|
| Latitude (decimal): | 41.514444 |
| Longitude (decimal): | -71.316944 |

Local Emergency Planning Committee and Regulations

| | |
|--------------|-----------------|
| LEPC: | District 7 LEPC |
| OSHA PSM: | N/A |
| EPCRA 302: | Yes |
| CAA Title V: | N/A |

Process Chemicals

| | |
|------------------|-------------------------|
| Program Level: | Program Level 2 process |
| Chemical Name: | Chlorine |
| CAS Number: | 7782-50-5 |
| Flammable/Toxic: | Toxic |

Process NAICS

| | |
|--------------------|-----------------------------|
| NAICS Code: | 22132 |
| NAICS Description: | Sewage Treatment Facilities |

Section 6. Accident History

No records found.

Section 9. Emergency Response

Written Emergency Response (ER) Plan

| | |
|---|-----|
| 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

| | |
|--|-------------------------|
| Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated): | Newport Fire Department |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (401) 847-2695 |