Facility Name: Well Draw Gas Plant EPA Facility Identifier: 1000 0016 4966

Plan Sequence Number: 19420

# **Section 1. Registration Information**

#### Source Identification

Facility Name: Well Draw Gas Plant
Parent Company #1 Name: Interline Resources Corp.

Submission Type: First Time
Receipt Date: October 1999
Status: Deregistered
Deregistration Effective Date: May 2004

**Facility Identification** 

Facility ID: 1000 0016 4966

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 20 miles N of Douglas on Hwy 59

 Street 2:
 N/A

 City:
 Douglas

 State:
 WY

 ZIP:
 82633

 ZIP4:
 N/A

 County:
 Converse

Facility Latitude and Longitude

Latitude (decimal): 43.019722 Longitude (decimal): -105.261056

Local Emergency Planning Committee and Regulations

 LEPC:
 N/A

 OSHA PSM:
 Yes

 EPCRA 302:
 N/A

 CAA Title V:
 Yes

### **Process Chemicals**

Program Level: Program Level 1 process
Chemical Name: Flammable Mixture

CAS Number: 00-11-11 Flammable/Toxic: Flammable

Flammable Mixture Chemical Components

Chemical Name: Isopentane [Butane, 2-methyl-]

CAS Number: 78-78-4
Flammable/Toxic: Flammable

Chemical Name: Methane
CAS Number: 74-82-8
Flammable/Toxic: Flammable

Chemical Name: Ethane
CAS Number: 74-84-0
Flammable/Toxic: Flammable

Chemical Name: Propane
CAS Number: 74-98-6
Flammable/Toxic: Flammable

Chemical Name: Isobutane [Propane, 2-methyl]

CAS Number: 75-28-5
Flammable/Toxic: Flammable

Chemical Name: Butane
CAS Number: 106-97-8
Flammable/Toxic: Flammable

Chemical Name: Pentane
CAS Number: 109-66-0
Flammable/Toxic: Flammable

### **Process NAICS**

NAICS Code: 211112

NAICS Description: Natural Gas Liquid Extraction

# **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

211112

NAICS Description:

Release Duration:

Natural Gas Liquid Extraction

000 Hours 02 Minutes

#### Release Event

Gas Release:YesLiquid Spill/Evaporation:N/AFire:YesExplosion:N/AUncontrolled/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: Sample Hydrometer

### Weather Conditions at the Time of Event

Wind Speed: 2.0

Units: Meters/second

Direction:NWTemperature:100Atmospheric Stability Class:FPrecipitation Present:N/AUnknown Weather Conditions:N/A

Plan Sequence Number: 19420

On-Site	Impacts
011 0110	

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

### 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:	N/A
Tree, Lawn, Shrub, or Crop Damage:	N/A
Water Contamination:	N/A
Soil Contamination:	N/A
Other Environmental Damage:	N/A

### **Initiating Event**

Initiating Event:

**Equipment Failure** 

### **Contributing Factors**

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

### Off-Site Responders Notified

Off-Site Responders Notified: No, not notified

### Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: Yes N/A Revised Maintenance: 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 N/A None: Other Changes Introduced: N/A

### Chemicals in Accident History

Quantity Released (lbs):10Percent Weight:N/AChemical Name:PropaneCAS Number:74-98-6Flammable/Toxic:Flammable

Facility Name: Well Draw Gas Plant EPA Facility Identifier: 1000 0016 4966

Plan Sequence Number: 19420

## **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?):

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**

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

Converse County Sheriff Dept.

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

(307) 358-4700