Section 1. Registration Information

Source Identification

Facility Name: Lewiston-Auburn Water Pollution

Control Authority

Parent Company #1 Name: N/A

Submission Type: Resubmission
Receipt Date: July 2005
Status: Deregistered
Deregistration Effective Date: April 2009

Facility Identification

Facility ID: 1000 0013 0299

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: 17686924

Facility Location Address

Street 1: 535 Lincoln Street

 Street 2:
 N/A

 City:
 Lewiston

 State:
 ME

 ZIP:
 04241

 ZIP4:
 1928

County: Androscoggin

Facility Latitude and Longitude

Latitude (decimal): 44.074722 Longitude (decimal): -070.207778

Local Emergency Planning Committee and Regulations

LEPC: Androscoggin County LEPC

 OSHA PSM:
 N/A

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Process Chemicals

Program Level: Program Level 3 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

Accident History ID: Accident 1

Date of Accident: September 2004

Time Accident Began (HH:MM): 07:30
NAICS Code of Process Involved: 22132

NAICS Description: Sewage Treatment Facilities
Release Duration: 000 Hours 01 Minutes

Release Event

Gas Release:YesLiquid Spill/Evaporation:N/AFire:N/AExplosion:N/AUncontrolled/Runaway Reaction:N/A

Release Source

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

EPA Facility Identifier: 1000 0013 0299

Woothor	Conditions	at tha "	Time of	Evont
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Wind Speed: N/A

Units: Meters/second

Direction:N/ATemperature:N/AAtmospheric Stability Class:N/APrecipitation Present:N/AUnknown Weather Conditions:Yes

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:

N/A

Soil Contamination:

Other Environmental Damage:

N/A

Initiating Event

Initiating Event: Equipment Failure

Contributing Factors

EPA Facility Identifier: 1000 0013 0299

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: Yes 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: No, not notified

Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: N/A Revised Maintenance: Yes 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):1Percent Weight:N/AChemical Name:ChlorineCAS Number:7782-50-5Flammable/Toxic:Toxic

Plan Sequence Number: 43255

Accident History ID: Accident 2

EPA Facility Identifier: 1000 0013 0299

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

22132

NAICS Description: Sewage Treatment Facilities
Release Duration: 000 Hours 01 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: Yes Process Vessel: N/A Transfer Hose: N/A Valve: N/A Pump: N/A Joint: N/A Other Release Source: N/A

Weather Conditions at the Time of Event

Wind Speed: N/A

Units: Meters/second

Direction:N/ATemperature:N/AAtmospheric Stability Class:N/APrecipitation Present:N/AUnknown Weather Conditions:Yes

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

EPA Facility Identifier: 1000 0013 0299

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:

N/A

Water Contamination:

N/A

Soil Contamination:

N/A

Other Environmental Damage:

N/A

Initiating Event

Initiating Event: Unknown

Contributing Factors

Equipment Failure: N/A Human Error: N/A Improper Procedures: N/A Overpressurization: N/A **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: power outage caused a chlorine solution leak when pump failed to

otort

restart

Plan Sequence Number: 43255

Off-Site Responders Notified

EPA Facility Identifier: 1000 0013 0299

Off-Site Responders Notified: No, not notified

Changes Introduced as a Result of the Accident

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

Chemicals in Accident History

Quantity Released (lbs):1Percent Weight:N/AChemical Name:ChlorineCAS Number:7782-50-5Flammable/Toxic:Toxic

Accident History ID: Accident 3

Date of Accident: September 2003

Time Accident Began (HH:MM): 09:20
NAICS Code of Process Involved: 22132

NAICS Description: Sewage Treatment Facilities
Release Duration: 000 Hours 01 Minutes

Release Event

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

EPA Facility Identifier: 1000 0013 0299

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

Weather Conditions at the Time of Event

Wind Speed: N/A

Units: Meters/second

Direction: N/A
Temperature: N/A
Atmospheric Stability Class: N/A
Precipitation Present: N/A
Unknown Weather Conditions: Yes

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

Plan Sequence Number: 43255

Environmental Damage

EPA Facility Identifier: 1000 0013 0299

Fish or Animal Kills:

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: Human Error

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: Yes Process Design Failure: N/A Unsuitable Equipment: N/A **Unusual Weather Condition:** N/A Management Error: N/A

Other Contributing Factor: during maintenance of a chlorinator, gas piping was not fully evacuated.

Off-Site Responders Notified

Off-Site Responders Notified: No, not notified

Changes Introduced as a Result of the Accident

N/A Improved or Upgraded Equipment: Revised Maintenance: Yes Revised Training: Yes **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 None: N/A

Other Changes Introduced: all personnel have been instructed to

take additional time in evauating chlorine piping prior to performing

maintenance

Chemicals in Accident History

Quantity Released (lbs):1Percent Weight:N/AChemical Name:ChlorineCAS Number:7782-50-5Flammable/Toxic:Toxic

Accident History ID: Accident 4

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

22132

NAICS Description: Sewage Treatment Facilities
Release Duration: 000 Hours 01 Minutes

Release Event

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

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Release	Source

EPA Facility Identifier: 1000 0013 0299

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

Weather Conditions at the Time of Event

Wind Speed: N/A

Units: Meters/second

Direction:N/ATemperature:N/AAtmospheric Stability Class:N/APrecipitation Present:N/AUnknown Weather Conditions:Yes

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:

N/A

Water Contamination:

N/A

Soil Contamination:

N/A

Other Environmental Damage:

N/A

Initiating Event

Initiating Event: Equipment Failure

Contributing Factors

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

Other Contributing Factor: very small leak occurred during maintenance check and startup of the

system for the season

Off-Site Responders Notified

Off-Site Responders Notified: No, not notified

Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: N/A Revised Maintenance: N/A 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 N/A Changed Process: Reduced Inventory: N/A None: Yes Other Changes Introduced: N/A

Chemicals in Accident History

EPA Facility Identifier: 1000 0013 0299

Quantity Released (lbs):1Percent Weight:N/AChemical Name:ChlorineCAS Number:7782-50-5Flammable/Toxic:Toxic

Section 9. Emergency Response

Written Emergency Response (ER) Plan

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

Facility Plan (Does facility have its own 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 accidental release?):

Healthcare (Does facility's ER plan include information on emergency health care?):

Yes

Yes

Yes

Yes

Yes

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):

Androscoggin County Emer Mgt Agency

(207) 784-3622