# **Section 1. Registration Information**

#### Source Identification

Facility Name: Waynesboro Wastewater Treatment

Facility

Parent Company #1 Name:

Submission Type:

Receipt Date:

September 2009

Status:

Deregistration Effective Date:

October 2010

**Facility Identification** 

Facility ID: 1000 0013 0422

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 930 Essex Avenue

Street 2: N/A

City: Waynesboro

 State:
 VA

 ZIP:
 22980

 ZIP4:
 N/A

 County:
 Augusta

Facility Latitude and Longitude

Latitude (decimal): 38.080536 Longitude (decimal): -078.874625

Local Emergency Planning Committee and Regulations

LEPC: Augusta Joint LEPC

 OSHA PSM:
 Yes

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: Waynesboro Wastewater Treatment Facility

EPA Facility Identifier: 1000 0013 0422 Plan Sequence Number: 1000010449

#### **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: March 2009
Time Accident Began (HH:MM): 15:05
NAICS Code of Process Involved: 22132

NAICS Description: Sewage Treatment Facilities
Release Duration: 000 Hours 48 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: N/A Process Vessel: N/A Transfer Hose: N/A Valve: Yes Pump: N/A Joint: N/A Other Release Source: N/A

Meather	Conditions	at the	Time of	Event
vveautei	Conditions	at the	i ii ii e Oi	

Wind Speed: N/A
Units: N/A
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: 4
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: none

### **Initiating Event**

Initiating Event: Human Error

### **Contributing Factors**

**Equipment Failure:** N/A N/A Human Error: 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: Yes **Changed Process:** N/A Reduced Inventory: N/A N/A None: Other Changes Introduced: N/A

# Chemicals in Accident History

Quantity Released (lbs):4Percent Weight:99.5Chemical 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?):

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**

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

**Emergency Operations Center** 

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

(540) 942-6701