Section 1. Registration Information

Source Identification

Facility Name: Intermountain Generating Station
Parent Company #1 Name: Intermountain Power Agency

Submission Type: Resubmission Receipt Date: May 2024

Facility Identification

Facility ID: 1000 0005 5156

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: 121214985

Facility Location Address

Street 1: 850 West Brush Wellman Road

 Street 2:
 N/A

 City:
 Delta

 State:
 UT

 ZIP:
 84624

 ZIP4:
 9546

 County:
 Millard

Facility Latitude and Longitude

Latitude (decimal): 39.507290 Longitude (decimal): -112.573390

Local Emergency Planning Committee and Regulations

LEPC: Millard County LEPC

OSHA PSM: Yes
EPCRA 302: Yes
CAA Title V: Yes

Facility Name: Intermountain Generating Station

EPA Facility Identifier: 1000 0005 5156 Plan Sequence Number: 1000113554

Process Chemicals

Program Level: Program Level 3 process

Chemical Name: Chlorine
CAS Number: 7782-50-5
Flammable/Toxic: Toxic

Process NAICS

NAICS Code: 221112

NAICS Description: Fossil Fuel Electric Power Generation

Section 6. Accident History

Accident History ID: Accident 1

Date of Accident: December 2022

Time Accident Began (HH:MM): 15:00
NAICS Code of Process Involved: 221112

NAICS Description: Fossil Fuel Electric Power Generation

Release Duration: 001 Hours 30 Minutes

Release Event

Gas Release:YesLiquid Spill/Evaporation:N/AFire: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

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: 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

Equipment Failure: Yes 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: 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 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 Yes None: Other Changes Introduced: N/A

Chemicals in Accident History

Quantity Released (lbs):3Percent Weight:0.7Chemical Name:ChlorineCAS Number:7782-50-5Flammable/Toxic:Toxic

Accident History ID: Accident 2

Date of Accident: January 2022

Time Accident Began (HH:MM): 12:55
NAICS Code of Process Involved: 221112

NAICS Description: Fossil Fuel Electric Power Generation

Release Duration: 000 Hours 30 Minutes

Release Event

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

Release Source

Storage Vessel: Yes 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

Weather Conditions at the Time of Event

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:

0
Public Deaths:

0
Employee or Contractor Injuries:

1
Public Responder Injuries:

0
Public Injuries:

0
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

Yes **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: 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: No, not notified

Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: Yes 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: N/A Other Changes Introduced: N/A

Chemicals in Accident History

Quantity Released (lbs):1Percent Weight:0.3Chemical Name:ChlorineCAS Number:7782-50-5Flammable/Toxic:Toxic

Section 9. Emergency Response

Written Emergency Response (ER) Plan

regulated substance(s)?):

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

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

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

Facility Name: Intermountain Generating Station

EPA Facility Identifier: 1000 0005 5156 Plan Sequence Number: 1000113554

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):

Millard County LEPC

(435) 864-2755