EPA Facility Identifier: 1000 0008 3811 Plan Sequence Number: 1000100998

# **Section 1. Registration Information**

## Source Identification

Facility Name: PVS DX, INC.

Parent Company #1 Name: PVS CHEMICALS, INC.

Submission Type: Resubmission Receipt Date: May 2022

**Facility Identification** 

Facility ID: 1000 0008 3811

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: 190269027

**Facility Location Address** 

Street 1: NO. 8 PLACE INDUSTRIAL DRIVE

Street 2: N/A

City: SWEETWATER

 State:
 TX

 ZIP:
 79556

 ZIP4:
 N/A

 County:
 Nolan

Facility Latitude and Longitude

Latitude (decimal): 32.450278
Longitude (decimal): -100.421111

Local Emergency Planning Committee and Regulations

LEPC: Nolan County LEPC

OSHA PSM: Yes
EPCRA 302: Yes
CAA Title V: N/A

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#### **Process Chemicals**

Program Level: Program Level 3 process
Chemical Name: Sulfur dioxide (anhydrous)

CAS Number: 7446-09-5 Flammable/Toxic: Toxic

Program Level: Program Level 3 process

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

## **Process NAICS**

NAICS Code: 42469

NAICS Description: Other Chemical and Allied Products

Merchant Wholesalers

## **Section 6. Accident History**

## Accident History ID: Accident 1

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

42469

NAICS Description: Other Chemical and Allied Products

Merchant Wholesalers

Release Duration: 000 Hours 40 Minutes

#### Release Event

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

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## 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: Heat exchanger and ton container

## Weather Conditions at the Time of Event

Wind Speed: 2.0
Units: Miles/h
Direction: E
Temperature: 95
Atmospheric Stability Class: B
Precipitation Present: N/A
Unknown Weather Conditions: N/A

## On-Site Impacts

Employee or Contractor Deaths:

Public Responder Deaths:

O
Public Deaths:

Employee or Contractor Injuries:

Public Responder Injuries:

O
Public Injuries:

O
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

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### **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

**Equipment Failure:** N/A Human Error: Yes Improper Procedures: N/A Overpressurization: N/A **Upset Condition:** N/A N/A By-Pass Condition: 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: N/A **Revised Operating Procedures:** N/A **New Process Controls:** N/A N/A New Mitigation Systems: Revised Emergency Response Plan: N/A **Changed Process:** N/A N/A Reduced Inventory: N/A

Other Changes Introduced: New audit of Engineering electronic

management system

EPA Facility Identifier: 1000 0008 3811 Plan Sequence Number: 1000100998

## Chemicals in Accident History

Quantity Released (lbs):500Percent Weight:100Chemical 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

## 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):

NOLAN COUNTY LEPC/SW FIRE DEPT.

(325) 235-4304