# **Section 1. Registration Information**

#### Source Identification

Facility Name: Kanza Cooperative Association - Iuka

Location

Parent Company #1 Name: Kanza Cooperative Association

Submission Type: Resubmission
Receipt Date: November 2009
Status: Deregistered
Deregistration Effective Date: August 2010

**Facility Identification** 

Facility ID: 1000 0013 4678

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: N/A

**Facility Location Address** 

Street 1: South Edge of luka

 Street 2:
 N/A

 City:
 luka

 State:
 KS

 ZIP:
 67066

 ZIP4:
 N/A

 County:
 Pratt

Facility Latitude and Longitude

Latitude (decimal): 37.725806 Longitude (decimal): -098.734111

Local Emergency Planning Committee and Regulations

LEPC: Pratt County LEPC

 OSHA PSM:
 N/A

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: Kanza Cooperative Association - luka Location

EPA Facility Identifier: 1000 0013 4678 Plan Sequence Number: 1000010964

#### **Process Chemicals**

Program Level: Program Level 2 process Chemical Name: Ammonia (anhydrous)

CAS Number: 7664-41-7 Flammable/Toxic: Toxic

#### **Process NAICS**

NAICS Code: 42491

NAICS Description: Farm Supplies Merchant Wholesalers

# **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident: April 2008
Time Accident Began (HH:MM): 13:45
NAICS Code of Process Involved: 42491

NAICS Description: Farm Supplies Merchant Wholesalers

Release Duration: 011 Hours 30 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: N/A Pump: Yes Joint: N/A Other Release Source: N/A

1 A / ( I	O = 10 100 = 10 = 1	and the second transfer	
vveatner	Conditions	at the lim	ne of Event

Wind Speed: 5.0
Units: Miles/h
Direction: SSW
Temperature: 80
Atmospheric Stability Class: N/A
Precipitation Present: N/A
Unknown Weather Conditions: N/A

## **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: 185
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**

**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: Notified and Responded

## Changes Introduced as a Result of the Accident

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

Other Changes Introduced: Moving the plant

## Chemicals in Accident History

Quantity Released (lbs): 19000 Percent Weight: 100

Chemical Name: Ammonia (anhydrous)

CAS Number: 7664-41-7
Flammable/Toxic: Toxic

# **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?):

N/A

Response Actions (Does ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?):

N/A

Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?):

N/A

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

N/A

## **Local Agency**

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

luka Fire Dept.

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

(620) 672-5551