EPA Facility Identifier: 1000 0007 2048 Plan Sequence Number: 5835

Stamford WPCF

City of Stamford

First Time

June 1999

July 2003

Deregistered

# **Section 1. Registration Information**

#### Source Identification

Facility Name:
Parent Company #1 Name:

Submission Type:
Receipt Date:
Status:
Deregistration Effective Date:

**Facility Identification** 

Facility ID: 1000 0007 2048

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: N/A

**Facility Location Address** 

Street 1: One Harbor View Ave.

 Street 2:
 N/A

 City:
 Stamford

 State:
 CT

 ZIP:
 06902

 ZIP4:
 N/A

 County:
 Fairfield

Facility Latitude and Longitude

Latitude (decimal): 41.039444 Longitude (decimal): -73.541667

Local Emergency Planning Committee and Regulations

LEPC: Southwest Ct LEPC

 OSHA PSM:
 Yes

 EPCRA 302:
 N/A

 CAA Title V:
 N/A

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#### **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:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

22132

NAICS Description: Sewage Treatment Facilities
Release Duration: 000 Hours 02 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: Yes Valve: N/A Pump: N/A Joint: N/A Other Release Source: N/A

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Meather	Conditions	at the	Time of	Event
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Wind Speed: 3.0

Units: Meters/second

Direction:SWTemperature:80Atmospheric Stability Class:DPrecipitation Present:N/AUnknown 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: 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: Human Error

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### **Contributing Factors**

**Equipment Failure:** N/A Human Error: Yes 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: 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):2Percent Weight:N/AChemical Name:ChlorineCAS Number:7782-50-5Flammable/Toxic:Toxic

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## **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?):

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):

Stamford Fire Department

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

(203) 977-5900