

## Section 1. Registration Information

### Source Identification

---

|                                |  |
|--------------------------------|--|
| Facility Name:                 | Houma Water Treatment Plant                          |
| Parent Company #1 Name:        | Terr. Par. Consolidated Waterworks<br>District No. 1 |
| Submission Type:               | Resubmission   |
| Receipt Date:                  | June 2004  |
| Status:                        | Deregistered   |
| Deregistration Effective Date: | January 2007   |

### Facility Identification

---

|              |                |
|--------------|----------------|
| Facility ID: | 1000 0007 1227 |
|--------------|----------------|

### Dun and Bradstreet Numbers (DUNS)

---

|                |     |
|----------------|-----|
| Facility DUNS: | N/A |
|----------------|-----|

### Facility Location Address

---

|           |                  |
|-----------|------------------|
| Street 1: | 126 Munson Drive |
| Street 2: | N/A              |
| City:     | Houma            |
| State:    | LA               |
| ZIP:      | 70361            |
| ZIP4:     | 0000             |
| County:   | Terrebonne       |

### Facility Latitude and Longitude

---

|                      |             |
|----------------------|-------------|
| Latitude (decimal):  | 29.577056   |
| Longitude (decimal): | -090.719361 |

### Local Emergency Planning Committee and Regulations

---

|              |                        |
|--------------|------------------------|
| LEPC:        | Terrebonne Parish LEPC |
| OSHA PSM:    | N/A                    |
| EPCRA 302:   | Yes                    |
| CAA Title V: | N/A                    |

## Process Chemicals

---

|                  |                         |
|------------------|-------------------------|
| Program Level:   | Program Level 2 process |
| Chemical Name:   | Chlorine                |
| CAS Number:      | 7782-50-5               |
| Flammable/Toxic: | Toxic                   |

## Process NAICS

---

|                    |                                     |
|--------------------|-------------------------------------|
| NAICS Code:        | 22131                               |
| NAICS Description: | Water Supply and Irrigation Systems |

## Section 6. Accident History

### Accident History ID: Accident 1

---

|                                 |                                     |
|---------------------------------|-------------------------------------|
| Date of Accident:               | December 2001                       |
| Time Accident Began (HH:MM):    | 21:50                               |
| NAICS Code of Process Involved: | 22131                               |
| NAICS Description:              | Water Supply and Irrigation Systems |
| Release Duration:               | 000 Hours 02 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:       | 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: | Tubing |

## Weather Conditions at the Time of Event

---

|                              |               |
|------------------------------|---------------|
| Wind Speed:                  | N/A           |
| Units:                       | Meters/second |
| 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:   | 0 |
| Public Responder Deaths:         | 0 |
| Public Deaths:                   | 0 |
| Employee or Contractor Injuries: | 1 |
| Public Responder Injuries:       | 0 |
| Public Injuries:                 | 0 |
| On-Site Property Damage (\$):    | 0 |

## 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:              | N/A |
| 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: | Human Error |
|-------------------|-------------|

## Contributing Factors

---

|                                  |     |
|----------------------------------|-----|
| Equipment Failure:               | N/A |
| Human Error:                     | N/A |
| Improper Procedures:             | Yes |
| 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:  | N/A |
| Revised Maintenance:             | N/A |
| 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 |
| None:                            | N/A |
| Other Changes Introduced:        | N/A |

## Chemicals in Accident History

---

|                          |           |
|--------------------------|-----------|
| Quantity Released (lbs): | 3         |
| Percent Weight:          | N/A       |
| Chemical Name:           | Chlorine  |
| CAS Number:              | 7782-50-5 |
| Flammable/Toxic:         | Toxic     |

## Accident History ID: Accident 2

---

|                                 |                                     |
|---------------------------------|-------------------------------------|
| Date of Accident:               | November 1999                       |
| Time Accident Began (HH:MM):    | 19:30                               |
| NAICS Code of Process Involved: | 22131                               |
| NAICS Description:              | Water Supply and Irrigation Systems |
| Release Duration:               | 000 Hours 01 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:       | N/A |
| Piping:               | N/A |
| Process Vessel:       | N/A |
| Transfer Hose:        | N/A |
| Valve:                | N/A |
| Pump:                 | N/A |
| Joint:                | Yes |
| Other Release Source: | N/A |

## Weather Conditions at the Time of Event

---

|                              |               |
|------------------------------|---------------|
| Wind Speed:                  | N/A           |
| Units:                       | Meters/second |
| 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:   | 0 |
| Public Responder Deaths:         | 0 |
| Public Deaths:                   | 0 |
| Employee or Contractor Injuries: | 0 |
| Public Responder Injuries:       | 0 |
| Public Injuries:                 | 0 |
| On-Site Property Damage (\$):    | 0 |

### 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:              | N/A |
| 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: | Human Error |
|-------------------|-------------|

### Contributing Factors

---

|                                  |     |
|----------------------------------|-----|
| Equipment Failure:               | N/A |
| Human Error:                     | N/A |
| Improper Procedures:             | Yes |
| 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: | Notified and Responded |
|-------------------------------|------------------------|

## Changes Introduced as a Result of the Accident

---

|                                  |     |
|----------------------------------|-----|
| Improved or Upgraded Equipment:  | N/A |
| Revised Maintenance:             | N/A |
| 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 |
| None:                            | N/A |
| Other Changes Introduced:        | N/A |

## Chemicals in Accident History

---

|                          |           |
|--------------------------|-----------|
| Quantity Released (lbs): | 3         |
| Percent Weight:          | N/A       |
| Chemical Name:           | Chlorine  |
| CAS Number:              | 7782-50-5 |
| Flammable/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?):  | 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):

Office of Emergency Preparedness

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

(985) 873-6357