Plan Sequence Number: 35051

# **Section 1. Registration Information**

### Source Identification

Facility Name: Sandersville Facility

Parent Company #1 Name: J. M. Huber Corporation

Submission Type: Resubmission Receipt Date: June 2004 Status: Deregistered August 2005

Deregistration Effective Date:

**Facility Identification** 

Facility ID: 1000 0008 4972

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: 2554459

**Facility Location Address** 

Street 1: 530 Beck Blvd.

N/A Street 2:

City: Sandersville

State: GΑ ZIP: 31082 ZIP4: N/A

County: Washington

Facility Latitude and Longitude

Latitude (decimal): 32.969167 Longitude (decimal): -082.821944

Local Emergency Planning Committee and Regulations

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

Plan Sequence Number: 35051

#### **Process Chemicals**

Program Level: Program Level 2 process
Chemical Name: Ammonia (conc 20% or greater)

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

#### **Process NAICS**

NAICS Code: 212324

NAICS Description: Kaolin and Ball Clay Mining

## **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

212324

NAICS Description: Kaolin and Ball Clay Mining Release Duration: 000 Hours 10 Minutes

### Release Event

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

Plan Sequence Number: 35051

### Weather Conditions at the Time of Event

Wind Speed: 3.0
Units: Miles/h
Direction: E
Temperature: 75
Atmospheric Stability Class: D
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:

O
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

### **Environmental Damage**

Fish or Animal Kills:

Tree, Lawn, Shrub, or Crop Damage:

Water Contamination:

Soil Contamination:

Other Environmental Damage:

N/A

### **Initiating Event**

Initiating Event: Equipment Failure

### **Contributing Factors**

**Equipment Failure:** Yes Human Error: Yes Improper Procedures: N/A N/A Overpressurization: **Upset Condition:** N/A By-Pass Condition: N/A Maintenance Activity/Inactivity: N/A Process Design Failure: Yes Unsuitable Equipment: Yes **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 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: N/A

### Chemicals in Accident History

Quantity Released (lbs): 500
Percent Weight: 30

Chemical Name: Ammonia (conc 20% or greater)

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

Plan Sequence Number: 35051

# **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?):

Yes

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

Yes

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

Yes

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

Yes

### **Local Agency**

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

Sandersville Fire Department

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

(458) 552-2072