Section 1. Registration Information

Source Identification

Facility Name: City of Lawton Water Treatment Plant

Parent Company #1 Name:

Submission Type:

Receipt Date:

Status:

Deregistered

Deregistration Effective Date:

City of Lawton

First Time

June 1999

Deregistered

January 2004

Facility Identification

Facility ID: 1000 0010 9857

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: N/A

Facility Location Address

Street 1: Lake Drive
Street 2: P.O. Box 27
City: Medicine Park

 State:
 OK

 ZIP:
 73557

 ZIP4:
 0027

 County:
 Comanche

Facility Latitude and Longitude

Latitude (decimal): 34.736111 Longitude (decimal): -98.503056

Local Emergency Planning Committee and Regulations

LEPC: Comanche County LEPC

 OSHA PSM:
 N/A

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: City of Lawton Water Treatment Plant

EPA Facility Identifier: 1000 0010 9857 Plan Sequence Number: 8746

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: May 1998
Time Accident Began (HH:MM): 10:00
NAICS Code of Process Involved: 22131

NAICS Description: Water Supply and Irrigation Systems

Release Duration: 008 Hours 00 Minutes

Release Event

Gas Release:YesLiquid Spill/Evaporation:N/AFire:N/AExplosion:N/AUncontrolled/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: Fuse Plug

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Wind Speed: 1.5

Units: Meters/second

Direction:STemperature:100Atmospheric Stability Class:FPrecipitation 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: 150
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: N/A Yes Revised Maintenance: Revised Training: Yes Revised Operating Procedures: N/A New Process Controls: N/A New Mitigation Systems: N/A Revised Emergency Response Plan: Yes **Changed Process:** N/A Reduced Inventory: Yes N/A None: Other Changes Introduced: N/A

Chemicals in Accident History

Quantity Released (lbs):1Percent Weight:N/AChemical 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?):

N/A

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

Yes

health care?):

Local Agency

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

Comanche County LEPC

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

(580) 355-0535