Facility Name: Water Treatment Plant #3 EPA Facility Identifier: 1000 0000 0768

Plan Sequence Number: 40

# **Section 1. Registration Information**

### Source Identification

Facility Name: Water Treatment Plant #3

Parent Company #1 Name: Weber Basin Water Conservancy

District

Submission Type: First Time
Receipt Date: February 1999
Status: Deregistered
Deregistration Effective Date: April 2003

**Facility Identification** 

Facility ID: 1000 0000 0768

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: 73109894

**Facility Location Address** 

Street 1: 2837 East Highway 193

 Street 2:
 N/A

 City:
 Layton

 State:
 UT

 ZIP:
 84040

 ZIP4:
 N/A

 County:
 Davis

Facility Latitude and Longitude

Latitude (decimal): 41.110833 Longitude (decimal): 111.910556

Local Emergency Planning Committee and Regulations

LEPC: Davis County LEPC

 OSHA PSM:
 Yes

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

### **Process Chemicals**

Program Level: Program Level 3 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: January 1996

Time Accident Began (HH:MM): 02:15
NAICS Code of Process Involved: 22131

NAICS Description: Water Supply and Irrigation Systems

Release Duration: 000 Hours 05 Minutes

### Release Event

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

### Release Source

N/A Storage Vessel: Piping: Yes Process Vessel: N/A Transfer Hose: N/A Valve: N/A Pump: N/A Joint: N/A Other Release Source: N/A

## Weather Conditions at the Time of Event

Wind Speed: N/A

Units: Meters/second

Direction:N/ATemperature:N/AAtmospheric Stability Class:N/APrecipitation Present:N/AUnknown Weather Conditions:Yes

# **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

# **Contributing Factors**

**Equipment Failure:** N/A 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: 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 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):1Percent Weight:N/AChemical Name:ChlorineCAS Number:7782-50-5Flammable/Toxic:Toxic

Facility Name: Water Treatment Plant #3 EPA Facility Identifier: 1000 0000 0768

Plan Sequence Number: 40

# **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):

Layton City Fire Department

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

(801) 544-5633