Facility Name: New Energy Corp. EPA Facility Identifier: 1000 0014 5372

Plan Sequence Number: 15430

# **Section 1. Registration Information**

#### Source Identification

Facility Name: New Energy Corp.

Parent Company #1 Name: N/A

Submission Type: First Time
Receipt Date: June 1999
Status: Deregistered
Deregistration Effective Date: April 2006

**Facility Identification** 

Facility ID: 1000 0014 5372

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: 5125757

**Facility Location Address** 

Street 1: 3201 West Calvert Street

Street 2: N/A
City: South Bend
State: IN

 ZIP:
 46680

 ZIP4:
 2289

 County:
 St. Joseph

Facility Latitude and Longitude

Latitude (decimal): 41.655833 Longitude (decimal): -86.295

Local Emergency Planning Committee and Regulations

LEPC: St. Joseph County LEPC

 OSHA PSM:
 Yes

 EPCRA 302:
 N/A

 CAA Title V:
 Yes

Facility Name: New Energy Corp. EPA Facility Identifier: 1000 0014 5372

Plan Sequence Number: 15430

#### **Process Chemicals**

Program Level: Program Level 3 process

Chemical Name: Chlorine
CAS Number: 7782-50-5
Flammable/Toxic: Toxic

#### **Process NAICS**

NAICS Code: 325199

NAICS Description: All Other Basic Organic Chemical

Manufacturing

## **Section 6. Accident History**

## Accident History ID: Accident 1

Date of Accident: April 1999
Time Accident Began (HH:MM): 10:00
NAICS Code of Process Involved: 325199

NAICS Description: All Other Basic Organic Chemical

Manufacturing

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: Yes Pump: N/A Joint: N/A Other Release Source: N/A

Facility Name: New Energy Corp. EPA Facility Identifier: 1000 0014 5372

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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

EPA Facility Identifier: 1000 0014 5372

## **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: 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:** 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):1Percent Weight:100Chemical Name:ChlorineCAS Number:7782-50-5Flammable/Toxic:Toxic

Facility Name: New Energy Corp. EPA Facility Identifier: 1000 0014 5372

Plan Sequence Number: 15430

# **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 health care?):

Yes

## Local Agency

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

St. Joseph County LEPC

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

(219) 235-9234