EPA Facility Identifier: 1000 0011 5029 Plan Sequence Number: 1000049528

Section 1. Registration Information

Source Identification

Facility Name: Somerset Water Pollution Control

Parent Company #1 Name: Town of Somerset
Submission Type: Resubmission
Receipt Date: April 2015
Status: Deregistered
Deregistration Effective Date: March 2017

Facility Identification

Facility ID: 1000 0011 5029

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: 603319591

Facility Location Address

Street 1: 116 Walker Street

 Street 2:
 N/A

 City:
 Somerset

 State:
 MA

 ZIP:
 02725

 ZIP4:
 N/A

 County:
 Bristol

Facility Latitude and Longitude

Latitude (decimal): 41.717500 Longitude (decimal): -71.168889

Local Emergency Planning Committee and Regulations

LEPC: Somerset LEPC

 OSHA PSM:
 N/A

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

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Process Chemicals

Program Level: Program Level 2 process

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

Process NAICS

NAICS Code: 22132

NAICS Description: Sewage Treatment Facilities

Section 6. Accident History

Accident History ID: Accident 1

Date of Accident: September 2012

Time Accident Began (HH:MM): 08:12
NAICS Code of Process Involved: 56221

NAICS Description: Waste Treatment and Disposal

Release Duration: 000 Hours 15 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: N/A

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Weather Conditions at the Time of Event

Wind Speed: 2.0
Units: Miles/h
Direction: NNW
Temperature: 65
Atmospheric Stability Class: D
Precipitation Present: Yes
Unknown 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: 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:

N/A

Other Environmental Damage:

None

Initiating Event

Initiating Event:

Equipment Failure

Facility Name: Somerset Water Pollution Control

EPA Facility Identifier: 1000 0011 5029 Plan Sequence Number: 1000049528

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: Faulty lead washer & ammonia solution

Off-Site Responders Notified

No need for notification Off-Site Responders Notified:

Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: N/A N/A Revised Maintenance: Revised Training: N/A 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: Test ammonia solution every other

week & replace lead washers each

cylinder change

Chemicals in Accident History

Quantity Released (lbs): 100 Percent Weight: Chemical Name: Chlorine CAS Number: 7782-50-5 Flammable/Toxic: Toxic

EPA Facility Identifier: 1000 0011 5029 Plan Sequence Number: 1000049528

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):

Somerset LEPC

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

(508) 646-5755