

## Section 1. Registration Information

### Source Identification

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|                                |                       |
|--------------------------------|-----------------------|
| Facility Name:                 | Custom Alloy, LLC 34P |
| Parent Company #1 Name:        | N/A                   |
| Submission Type:               | Resubmission          |
| Receipt Date:                  | May 2016              |
| Status:                        | Deregistered          |
| Deregistration Effective Date: | November 2017         |

### Facility Identification

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|              |                |
|--------------|----------------|
| Facility ID: | 1000 0019 3346 |
|--------------|----------------|

### Dun and Bradstreet Numbers (DUNS)

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|                |          |
|----------------|----------|
| Facility DUNS: | 63832455 |
|----------------|----------|

### Facility Location Address

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|           |                  |
|-----------|------------------|
| Street 1: | 4008 Vernon Road |
| Street 2: | N/A              |
| City:     | Prescott         |
| State:    | KS               |
| ZIP:      | 66767            |
| ZIP4:     | N/A              |
| County:   | Linn             |

### Facility Latitude and Longitude

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|                      |             |
|----------------------|-------------|
| Latitude (decimal):  | 38.080556   |
| Longitude (decimal): | -094.677778 |

### Local Emergency Planning Committee and Regulations

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|              |                  |
|--------------|------------------|
| LEPC:        | Linn County LEPC |
| OSHA PSM:    | Yes              |
| EPCRA 302:   | Yes              |
| CAA Title V: | Yes              |

## Process Chemicals

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|                  |                         |
|------------------|-------------------------|
| Program Level:   | Program Level 3 process |
| Chemical Name:   | Chlorine                |
| CAS Number:      | 7782-50-5               |
| Flammable/Toxic: | Toxic                   |

## Process NAICS

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|                    |   |
|--------------------|---|
| NAICS Code:        | 331314                                      |
| NAICS Description: | Secondary Smelting and Alloying of Aluminum |

## Section 6. Accident History

### Accident History ID: Accident 1

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|                                 |   |
|---------------------------------|---|
| Date of Accident:               | June 2015                                   |
| Time Accident Began (HH:MM):    | 03:00                                       |
| NAICS Code of Process Involved: | 331314                                      |
| NAICS Description:              | Secondary Smelting and Alloying of Aluminum |
| Release Duration:               | 000 Hours 02 Minutes                        |

## Release Event

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

## Release Source

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

## Weather Conditions at the Time of Event

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|                              |         |
|------------------------------|---------|
| Wind Speed:                  | 4.4     |
| Units:                       | Miles/h |
| Direction:                   | NW      |
| Temperature:                 | 68      |
| Atmospheric Stability Class: | N/A     |
| Precipitation Present:       | N/A     |
| Unknown Weather Conditions:  | N/A     |

## On-Site Impacts

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|                                  |   |
|----------------------------------|---|
| Employee or Contractor Deaths:   | 0 |
| Public Responder Deaths:         | 0 |
| Public Deaths:                   | 0 |
| Employee or Contractor Injuries: | 1 |
| Public Responder Injuries:       | 0 |
| Public Injuries:                 | 0 |
| On-Site Property Damage (\$):    | 0 |

## Known Off-Site Impacts

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|                                |   |
|--------------------------------|---|
| Deaths:                        | 0 |
| Hospitalizations:              | 0 |
| Public Deaths:                 | 0 |
| Other Medical Treatments:      | 0 |
| Evacuated:                     | 0 |
| Sheltered-in-Place:            | 0 |
| Off-Site Property Damage (\$): | 0 |

## Environmental Damage

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|                                    |     |
|------------------------------------|-----|
| Fish or Animal Kills:              | N/A |
| Tree, Lawn, Shrub, or Crop Damage: | N/A |
| Water Contamination:               | N/A |
| Soil Contamination:                | N/A |
| Other Environmental Damage:        | N/A |

## Initiating Event

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|                   |                   |
|-------------------|-------------------|
| Initiating Event: | Equipment Failure |
|-------------------|-------------------|

## Contributing Factors

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|                                  |     |
|----------------------------------|-----|
| Equipment Failure:               | Yes |
| Human Error:                     | N/A |
| Improper Procedures:             | N/A |
| Overpressurization:              | N/A |
| 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

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|                               |                  |
|-------------------------------|------------------|
| Off-Site Responders Notified: | No, not notified |
|-------------------------------|------------------|

## Changes Introduced as a Result of the Accident

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|                                  |   |
|----------------------------------|---|
| Improved or Upgraded Equipment:  | N/A   |
| Revised Maintenance:             | N/A   |
| Revised Training:                | N/A   |
| 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   |
| None:                            | N/A   |
| Other Changes Introduced:        | Improve the seal between "nipple" and chlorine injection tube |

## Chemicals in Accident History

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|                          |           |
|--------------------------|-----------|
| Quantity Released (lbs): | 1         |
| Percent Weight:          | 100       |
| Chemical Name:           | Chlorine  |
| CAS Number:              | 7782-50-5 |
| Flammable/Toxic:         | Toxic     |

## Accident History ID: Accident 2

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|                                 |   |
|---------------------------------|---|
| Date of Accident:               | August 2014                                 |
| Time Accident Began (HH:MM):    | 14:30                                       |
| NAICS Code of Process Involved: | 331314                                      |
| NAICS Description:              | Secondary Smelting and Alloying of Aluminum |
| Release Duration:               | 000 Hours 02 Minutes                        |

## Release Event

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

## Release Source

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|                       |                         |
|-----------------------|-------------------------|
| Storage Vessel:       | N/A                     |
| Piping:               | N/A                     |
| Process Vessel:       | N/A                     |
| Transfer Hose:        | N/A                     |
| Valve:                | N/A                     |
| Pump:                 | N/A                     |
| Joint:                | N/A                     |
| Other Release Source: | Chlorine Injection Tube |

## Weather Conditions at the Time of Event

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|                              |         |
|------------------------------|---------|
| Wind Speed:                  | 11.8    |
| Units:                       | Miles/h |
| Direction:                   | SSW     |
| Temperature:                 | 88      |
| Atmospheric Stability Class: | N/A     |
| Precipitation Present:       | N/A     |
| Unknown Weather Conditions:  | N/A     |

## On-Site Impacts

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|                                  |   |
|----------------------------------|---|
| Employee or Contractor Deaths:   | 0 |
| Public Responder Deaths:         | 0 |
| Public Deaths:                   | 0 |
| Employee or Contractor Injuries: | 5 |
| Public Responder Injuries:       | 0 |
| Public Injuries:                 | 0 |
| On-Site Property Damage (\$):    | 0 |

## Known Off-Site Impacts

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|                                |   |
|--------------------------------|---|
| Deaths:                        | 0 |
| Hospitalizations:              | 0 |
| Public Deaths:                 | 0 |
| Other Medical Treatments:      | 0 |
| Evacuated:                     | 0 |
| Sheltered-in-Place:            | 0 |
| Off-Site Property Damage (\$): | 0 |

## Environmental Damage

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|                                    |     |
|------------------------------------|-----|
| Fish or Animal Kills:              | N/A |
| Tree, Lawn, Shrub, or Crop Damage: | N/A |
| Water Contamination:               | N/A |
| Soil Contamination:                | N/A |
| Other Environmental Damage:        | N/A |

## Initiating Event

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|                   |                   |
|-------------------|-------------------|
| Initiating Event: | Equipment Failure |
|-------------------|-------------------|

## Contributing Factors

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|                                  |     |
|----------------------------------|-----|
| Equipment Failure:               | Yes |
| Human Error:                     | N/A |
| Improper Procedures:             | N/A |
| Overpressurization:              | N/A |
| 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

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|                               |                        |
|-------------------------------|------------------------|
| Off-Site Responders Notified: | Notified and Responded |
|-------------------------------|------------------------|

## Changes Introduced as a Result of the Accident

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|                                  |               |
|----------------------------------|---------------|
| Improved or Upgraded Equipment:  | N/A           |
| Revised Maintenance:             | N/A           |
| Revised Training:                | N/A           |
| 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           |
| None:                            | N/A           |
| Other Changes Introduced:        | Replaced part |

## Chemicals in Accident History

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|                          |           |
|--------------------------|-----------|
| Quantity Released (lbs): | 1         |
| Percent Weight:          | 100       |
| Chemical Name:           | Chlorine  |
| CAS Number:              | 7782-50-5 |
| Flammable/Toxic:         | Toxic     |

## Section 9. Emergency Response

### Written Emergency Response (ER) Plan

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|   |     |
|---|-----|
| 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

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|  |                             |
|--|-----------------------------|
| Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated):                 | Linn County Fire Department |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (913) 352-6480              |