EPA Facility Identifier: 1000 0001 9026 Plan Sequence Number: 1000008243

# **Section 1. Registration Information**

### Source Identification

Facility Name: United Farmers Coop - Bigelow, MN

Parent Company #1 Name: United Farmers Cooperative

Submission Type: Resubmission
Receipt Date: July 2009
Status: Deregistered
Deregistration Effective Date: September 2010

**Facility Identification** 

Facility ID: 1000 0001 9026

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 2600 Market Street

 Street 2:
 N/A

 City:
 Bigelow

 State:
 MN

 ZIP:
 56117

 ZIP4:
 N/A

 County:
 Nobles

Facility Latitude and Longitude

Latitude (decimal): 43.504111 Longitude (decimal): -095.692750

Local Emergency Planning Committee and Regulations

LEPC: Nobles County Emergency Mgmt.

 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: Ammonia (anhydrous)

CAS Number: 7664-41-7 Flammable/Toxic: Toxic

### **Process NAICS**

NAICS Code: 42491

NAICS Description: Farm Supplies Merchant Wholesalers

# **Section 6. Accident History**

## Accident History ID: Accident 1

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

42491

NAICS Description: Farm Supplies Merchant Wholesalers

Release Duration: 000 Hours 30 Minutes

### Release Event

Gas Release:YesLiquid Spill/Evaporation:N/AFire:N/AExplosion:N/AUncontrolled/Runaway Reaction:N/A

### Release Source

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: Nurse tank - theft for

methamphetamines

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### Weather Conditions at the Time of Event

Wind Speed: N/A

Units: Meters/second

Direction: N/A
Temperature: N/A
Atmospheric Stability Class: D
Precipitation Present: N/A
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: 3
Evacuated: 90
Sheltered-in-Place: 0
Off-Site Property Damage (\$): 0

### **Environmental Damage**

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: none

### **Initiating Event**

Initiating Event: Unknown

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### **Contributing Factors**

**Equipment Failure:** N/A 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: Attempted theft for methamphetamines

### 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 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: N/A

### Chemicals in Accident History

Quantity Released (lbs): 500
Percent Weight: 99

Chemical Name: Ammonia (anhydrous)

CAS Number: 7664-41-7 Flammable/Toxic: Toxic

EPA Facility Identifier: 1000 0001 9026 Plan Sequence Number: 1000008243

# **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):

**Bigelow Fire Department** 

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

(507) 683-2441