Facility Name: White River Dome Station EPA Facility Identifier: 1000 0001 9071

Plan Sequence Number: 25489

# **Section 1. Registration Information**

#### Source Identification

Facility Name: White River Dome Station

Parent Company #1 Name: Xcel Energy
Submission Type: Resubmission
Receipt Date: April 2002
Status: Deregistered
Deregistration Effective Date: May 2004

**Facility Identification** 

Facility ID: 1000 0001 9071

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 7392 County Road 142
Street 2: N/A

 Street 2.
 N/A

 City:
 Meeker

 State:
 CO

 ZIP:
 81641

 ZIP4:
 N/A

 County:
 Rio Blanco

Facility Latitude and Longitude

Latitude (decimal): 40.102222 Longitude (decimal): -108.1925

Local Emergency Planning Committee and Regulations

LEPC: Rio Blanco County LEPC

OSHA PSM: N/A
EPCRA 302: Yes
CAA Title V: Yes

Facility Name: White River Dome Station EPA Facility Identifier: 1000 0001 9071

Plan Sequence Number: 25489

#### **Process Chemicals**

Program Level: Program Level 2 process
Chemical Name: Flammable Mixture

CAS Number: 00-11-11 Flammable/Toxic: Flammable

#### Flammable Mixture Chemical Components

Chemical Name: Methane
CAS Number: 74-82-8
Flammable/Toxic: Flammable

Chemical Name: Ethane
CAS Number: 74-84-0
Flammable/Toxic: Flammable

Chemical Name: Propane
CAS Number: 74-98-6
Flammable/Toxic: Flammable

Chemical Name: Butane
CAS Number: 106-97-8
Flammable/Toxic: Flammable

#### **Process NAICS**

NAICS Code: 211112

NAICS Description: Natural Gas Liquid Extraction

# **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident: December 2001

Time Accident Began (HH:MM): 10:00
NAICS Code of Process Involved: 211112

NAICS Description:

Release Duration:

Natural Gas Liquid Extraction
000 Hours 01 Minutes

#### Release Event

Gas Release: N/A
Liquid Spill/Evaporation: N/A
Fire: Yes
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: N/A
Pump: N/A
Joint: N/A

Other Release Source: Flash Fire of collected vapors

### Weather Conditions at the Time of Event

Wind Speed: 0.0

Units: Meters/second

Direction:N/ATemperature:-10Atmospheric Stability Class:FPrecipitation Present:N/AUnknown Weather Conditions:N/A

### **On-Site Impacts**

Employee or Contractor Deaths: 0
Public Responder Deaths: 0
Public Deaths: 0
Employee or Contractor Injuries: 2
Public Responder Injuries: 0
Public Injuries: 0
On-Site Property Damage (\$): 0

### **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:	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

Initiating Event:	Human Error
-------------------	-------------

### **Contributing Factors**

N/A
Yes
N/A

Other Contributing Factor: Cold weather conditions

### 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: Yes Reduced Inventory: N/A None: N/A Other Changes Introduced: N/A

### Chemicals in Accident History

Quantity Released (lbs):2Percent Weight:98Chemical Name:MethaneCAS Number:74-82-8Flammable/Toxic:Flammable

# **Section 9. Emergency Response**

### Written Emergency Response (ER) Plan

Community Plan (Is facility included in Yes written community emergency response plan?): Facility Plan (Does facility have its own N/A written emergency response plan?): Response Actions (Does ER plan N/A include specific actions to be taken in response to accidental releases of regulated substance(s)?): Public Information (Does ER plan N/A include procedures for informing the public and local agencies responding to accidental release?): Healthcare (Does facility's ER plan N/A include information on emergency

health care?):

### Local Agency

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

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

Meeker Fire Protection District

(970) 878-3443