EPA Facility Identifier: 1000 0004 5195 Plan Sequence Number: 1000107926

# **Section 1. Registration Information**

### Source Identification

Facility Name: City of Sunbury Water Filtration Plant

Parent Company #1 Name: N/A

Submission Type: Resubmission Receipt Date: January 2024

**Facility Identification** 

Facility ID: 1000 0004 5195

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

 Street 1:
 1600 East

 Street 2:
 N/A

 City:
 Sunbury

 State:
 PA

 ZIP:
 17801

 ZIP4:
 N/A

County: Northumberland

Facility Latitude and Longitude

Latitude (decimal): 40.859900 Longitude (decimal): -076.772000

Local Emergency Planning Committee and Regulations

LEPC: Northumberland County LEPC

 OSHA PSM:
 N/A

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: City of Sunbury Water Filtration Plant

EPA Facility Identifier: 1000 0004 5195 Plan Sequence Number: 1000107926

### **Process Chemicals**

Program Level: Program Level 3 process

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

### **Process NAICS**

NAICS Code: 22131

NAICS Description: Water Supply and Irrigation Systems

# **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident: November 2009

Time Accident Began (HH:MM): 14:30
NAICS Code of Process Involved: 22131

NAICS Description: Water Supply and Irrigation Systems

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

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

Facility Name: City of Sunbury Water Filtration Plant

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### Weather Conditions at the Time of Event

Wind Speed: 3.0
Units: Miles/h
Direction: SSE
Temperature: 50
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:

Other Environmental Damage:

N/A

# **Initiating Event**

Initiating Event: Human Error

EPA Facility Identifier: 1000 0004 5195 Plan Sequence Number: 1000107926

## **Contributing Factors**

**Equipment Failure:** N/A Human Error: Yes 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: 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: 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 N/A None:

Other Changes Introduced: Reviewed Safety procedures. This was an accident and was not caused by not

an accident and was not caused by not adhering to maintenance or safety

procedures.

## Chemicals in Accident History

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

EPA Facility Identifier: 1000 0004 5195 Plan Sequence Number: 1000107926

# **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?):

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):

County Communication Center

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

(570) 988-4539