EPA Facility Identifier: 1000 0004 5159 Plan Sequence Number: 1000102600

# **Section 1. Registration Information**

Source Identification

Facility Name: Sawyer Water Purification Plant

(SWPP)

Parent Company #1 Name: City of Chicago Department of Water

Management

Submission Type: Resubmission
Receipt Date: September 2022

**Facility Identification** 

Facility ID: 1000 0004 5159

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: 119500364

**Facility Location Address** 

Street 1: 3300 East Cheltenham Place

 Street 2:
 N/A

 City:
 Chicago

 State:
 IL

 ZIP:
 60649

 ZIP4:
 N/A

 County:
 Cook

Facility Latitude and Longitude

Latitude (decimal): 41.758136 Longitude (decimal): -087.542459

Local Emergency Planning Committee and Regulations

LEPC: Off of Emrgncy Mngmnt and Comm

 OSHA PSM:
 Yes

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

EPA Facility Identifier: 1000 0004 5159 Plan Sequence Number: 1000102600

#### **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:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

22131

NAICS Description: Water Supply and Irrigation Systems

Release Duration: 000 Hours 02 Minutes

## Release Event

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

#### Release Source

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

EPA Facility Identifier: 1000 0004 5159 Plan Sequence Number: 1000102600

### Weather Conditions at the Time of Event

Wind Speed: 3.0
Units: Miles/h
Direction: SW
Temperature: 69
Atmospheric Stability Class: N/A
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:

N/A

Water Contamination:

N/A

Soil Contamination:

N/A

Other Environmental Damage:

N/A

### **Initiating Event**

Initiating Event:

**Equipment Failure** 

EPA Facility Identifier: 1000 0004 5159 Plan Sequence Number: 1000102600

### **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: Refreshed safety training

## Chemicals in Accident History

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

EPA Facility Identifier: 1000 0004 5159 Plan Sequence Number: 1000102600

### Accident History ID: Accident 2

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

22131

NAICS Description: Water Supply and Irrigation Systems

Release Duration: 000 Hours 02 Minutes

#### Release Event

Gas Release: Yes
Liquid Spill/Evaporation: N/A
Fire: N/A
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: Maintenance of evaporator stariner

#### Weather Conditions at the Time of Event

Wind Speed: 3.0
Units: Miles/h
Direction: SW
Temperature: 84
Atmospheric Stability Class: N/A
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 (\$):

EPA Facility Identifier: 1000 0004 5159 Plan Sequence Number: 1000102600

## **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: Equipment Failure

## **Contributing Factors**

N/A **Equipment Failure:** Human Error: Yes 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

Off-Site Responders Notified: No, not notified

EPA Facility Identifier: 1000 0004 5159 Plan Sequence Number: 1000102600

## Changes Introduced as a Result of the Accident

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 N/A Changed Process: Reduced Inventory: N/A None: N/A

Other Changes Introduced: Safety Training

#### Chemicals in Accident History

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

# **Section 9. Emergency Response**

## Written Emergency Response (ER) Plan

Community Plan (Is facility included in written community emergency response plan?):

Facility Plan (Does facility have its own written emergency response plan?):

Response Actions (Does ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?):

Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?):

Healthcare (Does facility's ER plan include information on emergency health care?):

Yes

Yes

Yes

Yes

Yes

EPA Facility Identifier: 1000 0004 5159 Plan Sequence Number: 1000102600

## 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):

Offc of Emrgncy Mngmnt and Comm.

(312) 746-9111