

Section 1. Registration Information

Source Identification

Facility Name:	AKRON : NH3 PLT
Parent Company #1 Name:	YUMA FARMERS MILLING & MERCANTILE COOPERATIVE CO.
Submission Type:	Resubmission
Receipt Date:	June 2004
Status:	Deregistered
Deregistration Effective Date:	February 2005

Facility Identification

Facility ID:	1000 0000 9162
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Dun and Bradstreet Numbers (DUNS)

Facility DUNS:	N/A
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Facility Location Address

Street 1:	725 E. RAILROAD AVE.
Street 2:	N/A
City:	AKRON
State:	CO
ZIP:	80720
ZIP4:	N/A
County:	Washington

Facility Latitude and Longitude

Latitude (decimal):	40.150111
Longitude (decimal):	-103.200028

Local Emergency Planning Committee and Regulations

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

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:	June 2002
Time Accident Began (HH:MM):	14:00
NAICS Code of Process Involved:	42491
NAICS Description:	Farm Supplies Merchant Wholesalers
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

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 pop-off valve

Weather Conditions at the Time of Event

Wind Speed:	20.0
Units:	Miles/h
Direction:	ESE
Temperature:	80
Atmospheric Stability Class:	D
Precipitation Present:	N/A
Unknown Weather Conditions:	N/A

On-Site Impacts

Employee or Contractor Deaths:	0
Public Responder Deaths:	0
Public Deaths:	0
Employee or Contractor Injuries:	0
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:	3
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
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Contributing Factors

Equipment Failure:	N/A
Human Error:	N/A
Improper Procedures:	Yes
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:	Notified and Responded
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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:	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
None:	N/A
Other Changes Introduced:	Included in subsequent training

Chemicals in Accident History

Quantity Released (lbs):	1
Percent Weight:	N/A
Chemical Name:	Ammonia (anhydrous)
CAS Number:	7664-41-7
Flammable/Toxic:	Toxic

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):	AKRON FIRE DEPT.
Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated):	(000) 000-0911