

## Section 1. Registration Information

### Source Identification

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|                                |                                 |
|--------------------------------|---------------------------------|
| Facility Name:                 | Hanford Power Plant             |
| Parent Company #1 Name:        | GWF Power Systems Company, Inc. |
| Submission Type:               | Corrections                     |
| Receipt Date:                  | July 1999                       |
| Status:                        | Deregistered                    |
| Deregistration Effective Date: | June 2002                       |

### Facility Identification

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|              |                |
|--------------|----------------|
| Facility ID: | 1000 0004 9654 |
|--------------|----------------|

### Dun and Bradstreet Numbers (DUNS)

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|                |          |
|----------------|----------|
| Facility DUNS: | 68135144 |
|----------------|----------|

### Facility Location Address

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|           |                    |
|-----------|--------------------|
| Street 1: | 10596 Idaho Avenue |
| Street 2: | N/A                |
| City:     | Hanford            |
| State:    | CA                 |
| ZIP:      | 93230              |
| ZIP4:     | N/A                |
| County:   | Kings              |

### Facility Latitude and Longitude

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|                      |             |
|----------------------|-------------|
| Latitude (decimal):  | 36.270278   |
| Longitude (decimal): | -119.649167 |

### Local Emergency Planning Committee and Regulations

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|              |                            |
|--------------|----------------------------|
| LEPC:        | Region 5 LEPC Inland South |
| OSHA PSM:    | Yes                        |
| EPCRA 302:   | Yes                        |
| CAA Title V: | N/A                        |

## Process Chemicals

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|                  |                         |
|------------------|-------------------------|
| Program Level:   | Program Level 3 process |
| Chemical Name:   | Ammonia (anhydrous)     |
| CAS Number:      | 7664-41-7               |
| Flammable/Toxic: | Toxic                   |

## Process NAICS

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|                    |                                       |
|--------------------|---------------------------------------|
| NAICS Code:        | 221112                                |
| NAICS Description: | Fossil Fuel Electric Power Generation |

## Section 6. Accident History

### Accident History ID: Accident 1

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|                                 |                                       |
|---------------------------------|---------------------------------------|
| Date of Accident:               | May 1998                              |
| Time Accident Began (HH:MM):    | 07:30                                 |
| NAICS Code of Process Involved: | 221112                                |
| NAICS Description:              | Fossil Fuel Electric Power Generation |
| Release Duration:               | 001 Hours 10 Minutes                  |

## Release Event

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|                                |     |
|--------------------------------|-----|
| Gas Release:                   | Yes |
| Liquid Spill/Evaporation:      | N/A |
| Fire:                          | N/A |
| Explosion:                     | N/A |
| Uncontrolled/Runaway Reaction: | N/A |

## Release Source

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

## Weather Conditions at the Time of Event

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|                              |         |
|------------------------------|---------|
| Wind Speed:                  | 8.0     |
| Units:                       | Miles/h |
| Direction:                   | N       |
| Temperature:                 | 50      |
| Atmospheric Stability Class: | E       |
| Precipitation Present:       | N/A     |
| Unknown Weather Conditions:  | N/A     |

## On-Site Impacts

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|                                  |   |
|----------------------------------|---|
| 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

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|                                |   |
|--------------------------------|---|
| Deaths:                        | 0 |
| Hospitalizations:              | 0 |
| Public Deaths:                 | 0 |
| Other Medical Treatments:      | 1 |
| Evacuated:                     | 5 |
| Sheltered-in-Place:            | 0 |
| Off-Site Property Damage (\$): | 0 |

## Environmental Damage

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|                                    |     |
|------------------------------------|-----|
| 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

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

## Contributing Factors

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|                                  |     |
|----------------------------------|-----|
| Equipment Failure:               | N/A |
| Human Error:                     | Yes |
| 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

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|                               |                  |
|-------------------------------|------------------|
| Off-Site Responders Notified: | No, not notified |
|-------------------------------|------------------|

## Changes Introduced as a Result of the Accident

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|                                  |     |
|----------------------------------|-----|
| Improved or Upgraded Equipment:  | Yes |
| Revised Maintenance:             | N/A |
| Revised Training:                | Yes |
| 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:        | N/A |

## Chemicals in Accident History

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|                          |                     |
|--------------------------|---------------------|
| Quantity Released (lbs): | 340                 |
| Percent Weight:          | N/A                 |
| Chemical Name:           | Ammonia (anhydrous) |
| CAS Number:              | 7664-41-7           |
| Flammable/Toxic:         | Toxic               |

## Accident History ID: Accident 2

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|                                 |                                       |
|---------------------------------|---------------------------------------|
| Date of Accident:               | April 1997                            |
| Time Accident Began (HH:MM):    | 02:40                                 |
| NAICS Code of Process Involved: | 221112                                |
| NAICS Description:              | Fossil Fuel Electric Power Generation |
| Release Duration:               | 000 Hours 20 Minutes                  |

## Release Event

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|                                |     |
|--------------------------------|-----|
| 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:                | Yes |
| Pump:                 | N/A |
| Joint:                | N/A |
| Other Release Source: | N/A |

## Weather Conditions at the Time of Event

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|                              |         |
|------------------------------|---------|
| Wind Speed:                  | 14.0    |
| Units:                       | Miles/h |
| Direction:                   | N       |
| Temperature:                 | 58      |
| Atmospheric Stability Class: | D       |
| Precipitation Present:       | N/A     |
| Unknown Weather Conditions:  | N/A     |

## On-Site Impacts

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|                                  |   |
|----------------------------------|---|
| 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

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|                                |   |
|--------------------------------|---|
| Deaths:                        | 0 |
| Hospitalizations:              | 0 |
| Public Deaths:                 | 0 |
| Other Medical Treatments:      | 4 |
| Evacuated:                     | 8 |
| Sheltered-in-Place:            | 0 |
| Off-Site Property Damage (\$): | 0 |

### Environmental Damage

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|                                    |     |
|------------------------------------|-----|
| 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

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|                   |                   |
|-------------------|-------------------|
| Initiating Event: | Equipment Failure |
|-------------------|-------------------|

### Contributing Factors

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|                                  |     |
|----------------------------------|-----|
| Equipment Failure:               | Yes |
| Human Error:                     | N/A |
| 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

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|                               |                  |
|-------------------------------|------------------|
| Off-Site Responders Notified: | No, not notified |
|-------------------------------|------------------|

## Changes Introduced as a Result of the Accident

---

|                                  |     |
|----------------------------------|-----|
| Improved or Upgraded Equipment:  | Yes |
| 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 |
| Changed Process:                 | N/A |
| Reduced Inventory:               | N/A |
| None:                            | N/A |
| Other Changes Introduced:        | N/A |

## Chemicals in Accident History

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|                          |                     |
|--------------------------|---------------------|
| Quantity Released (lbs): | 70                  |
| 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

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|   |     |
|---|-----|
| 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

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

Kings County Environmental Health

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

(559) 584-1411