EPA Facility Identifier: 1000 0023 0074 Plan Sequence Number: 1000092840

# **Section 1. Registration Information**

#### Source Identification

Facility Name: Steubenville Water Treatement Plant

Parent Company #1 Name: N/A

Submission Type: Resubmission Receipt Date: March 2021

**Facility Identification** 

Facility ID: 1000 0023 0074

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 1575 University Blvd.

Street 2: N/A

City: Steubenville

 State:
 OH

 ZIP:
 43952

 ZIP4:
 N/A

 County:
 Jefferson

Facility Latitude and Longitude

Latitude (decimal): 40.374 Longitude (decimal): -80.625

Local Emergency Planning Committee and Regulations

LEPC: Jefferson County LEPC

 OSHA PSM:
 N/A

 EPCRA 302:
 N/A

 CAA Title V:
 N/A

EPA Facility Identifier: 1000 0023 0074 Plan Sequence Number: 1000092840

#### **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: 001 Hours 00 Minutes

### Release Event

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

#### Release Source

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

EPA Facility Identifier: 1000 0023 0074 Plan Sequence Number: 1000092840

### Weather Conditions at the Time of Event

Wind Speed: 2.0
Units: Miles/h
Direction: N/A
Temperature: 75
Atmospheric Stability Class: C
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 (\$):

# **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 0023 0074 Plan Sequence Number: 1000092840

### **Contributing Factors**

**Equipment Failure:** N/A N/A Human Error: Improper Procedures: N/A N/A Overpressurization: **Upset Condition:** N/A By-Pass Condition: N/A Maintenance Activity/Inactivity: Yes 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: 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 N/A None: Other Changes Introduced: N/A

# Chemicals in Accident History

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

EPA Facility Identifier: 1000 0023 0074 Plan Sequence Number: 1000092840

# **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):

Jefferson County, Ohio EMA

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

(740) 266-8600