

Section 1. Registration Information

Source Identification

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| Facility Name: | Illinois American Water - Champaign West Plant |
| Parent Company #1 Name: | American Water |
| Submission Type: | Resubmission |
| Receipt Date: | October 2011 |
| Status: | Deregistered |
| Deregistration Effective Date: | August 2016 |

Facility Identification

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|--------------|----------------|
| Facility ID: | 1000 0002 6223 |
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Dun and Bradstreet Numbers (DUNS)

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|----------------|----------|
| Facility DUNS: | 44239267 |
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Facility Location Address

| | |
|-----------|---------------------|
| Street 1: | 1609 N. Mattis Ave. |
| Street 2: | N/A |
| City: | Champaign |
| State: | IL |
| ZIP: | 61821 |
| ZIP4: | N/A |
| County: | Champaign |

Facility Latitude and Longitude

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|----------------------|-------------|
| Latitude (decimal): | 40.132222 |
| Longitude (decimal): | -088.277222 |

Local Emergency Planning Committee and Regulations

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|--------------|-----------------------|
| LEPC: | Champaign County LEPC |
| 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: | 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

No records found.

Section 9. Emergency Response

Written Emergency Response (ER) Plan

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|---|-----|
| Community Plan (Is facility included in written community emergency response plan?): | N/A |
| 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): | Champaign County ESDA |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (217) 384-3826 |