EPA Facility Identifier: 1000 0015 4218 Plan Sequence Number: 23761

# **Section 1. Registration Information**

#### Source Identification

Facility Name: Village of Palm Springs- Main Water

Plant

Parent Company #1 Name: VIllage of Palm Springs

Submission Type: Resubmission
Receipt Date: January 2001
Status: Deregistered
Deregistration Effective Date: March 2004

**Facility Identification** 

Facility ID: 1000 0015 4218

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: Gilpin Way
Street 2: 360 Davis Road
City: Palm Springs

 State:
 FL

 ZIP:
 33461

 ZIP4:
 N/A

County: Palm Beach

Facility Latitude and Longitude

Latitude (decimal): 26.638778 Longitude (decimal): 80.095167

Local Emergency Planning Committee and Regulations

LEPC: District 10 LEPC

 OSHA PSM:
 Yes

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: Village of Palm Springs- Main Water Plant

EPA Facility Identifier: 1000 0015 4218 Plan Sequence Number: 23761

#### **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: February 1995

Time Accident Began (HH:MM): 03:40
NAICS Code of Process Involved: 22131

NAICS Description: Water Supply and Irrigation Systems

Release Duration: 002 Hours 10 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: Yes Transfer Hose: N/A Valve: N/A Pump: N/A Joint: N/A Other Release Source: N/A

Facility Name: Village of Palm Springs- Main Water Plant

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Wind Speed: N/A

Units: Meters/second

Direction:N/ATemperature:N/AAtmospheric Stability Class:N/APrecipitation Present:N/AUnknown Weather Conditions:Yes

## **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:

Water Contamination:

N/A

Soil Contamination:

N/A

Other Environmental Damage:

N/A

## **Initiating Event**

Initiating Event: Equipment Failure

EPA Facility Identifier: 1000 0015 4218 Plan Sequence Number: 23761

## **Contributing Factors**

**Equipment Failure:** Yes N/A Human Error: 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: Notified and Responded

## Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: Yes N/A Revised Maintenance: Revised Training: N/A Revised Operating Procedures: N/A New Process Controls: Yes New Mitigation Systems: Yes N/A Revised Emergency Response Plan: **Changed Process:** N/A Reduced Inventory: N/A N/A None: Other Changes Introduced: N/A

## Chemicals in Accident History

Quantity Released (lbs):200Percent Weight:100Chemical Name:ChlorineCAS Number:7782-50-5Flammable/Toxic:Toxic

EPA Facility Identifier: 1000 0015 4218 Plan Sequence Number: 23761

# **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):

PALM BEACH COUNTY HAZMAT TEAM

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

(000) 000-0911