Facility Name: CHS Inc. - Adams Facility

EPA Facility Identifier: 1000 0001 4691

Plan Sequence Number: 1000111447

# **Section 1. Registration Information**

### Source Identification

Facility Name: CHS Inc. - Adams Facility

Parent Company #1 Name: CHS Inc.
Submission Type: Resubmission
Receipt Date: March 2024

**Facility Identification** 

Facility ID: 1000 0001 4691

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 11865 Highway 17

 Street 2:
 N/A

 City:
 Adams

 State:
 ND

 ZIP:
 58210

 ZIP4:
 0056

 County:
 Walsh

Facility Latitude and Longitude

Latitude (decimal): 48.413443 Longitude (decimal): -098.087568

Local Emergency Planning Committee and Regulations

LEPC: Walsh County LEPC

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

Facility Name: CHS Inc. - Adams Facility

EPA Facility Identifier: 1000 0001 4691

Plan Sequence Number: 1000111447

#### **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: August 2013
Time Accident Began (HH:MM): 17:35

NAICS Code of Process Involved: 42469

NAICS Description: Other Chemical and Allied Products

Merchant Wholesalers

Release Duration: 072 Hours 00 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: leaking gauge

Facility Name: CHS Inc. - Adams Facility

ERA Facility Identifier: 1000 0001 4601

EPA Facility Identifier: 1000 0001 4691 Plan Sequence Number: 1000111447 Weather Conditions at the Time of Event 5.0 Wind Speed: Units: Miles/h W Direction: 83 Temperature: Atmospheric Stability Class: N/A Precipitation Present: N/A **Unknown Weather Conditions:** N/A On-Site Impacts 0 Employee or Contractor Deaths: 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: 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:

Other Environmental Damage:

N/A

#### **Initiating Event**

Initiating Event:

Equipment Failure

Facility Name: CHS Inc. - Adams Facility

EPA Facility Identifier: 1000 0001 4691

Plan Sequence Number: 1000111447

### **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: none needed

### 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: 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): 300
Percent Weight: 99

Chemical Name: Ammonia (anhydrous)

CAS Number: 7664-41-7 Flammable/Toxic: Toxic

Facility Name: CHS Inc. - Adams Facility EPA Facility Identifier: 1000 0001 4691

Plan Sequence Number: 1000111447

# **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?):

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):

Adams Fire Department

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

(701) 944-2737