

Section 1. Registration Information

Source Identification

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|-------------------------|----------------------------------------------|
| Facility Name: | Iowa City Water Treatment Facility |
| Parent Company #1 Name: | City of Iowa City Department of Public Works |
| Submission Type: | Resubmission |
| Receipt Date: | July 2019 |

Facility Identification

| | |
|--------------|----------------|
| Facility ID: | 1000 0018 7825 |
|--------------|----------------|

Dun and Bradstreet Numbers (DUNS)

| | |
|----------------|----------|
| Facility DUNS: | 80306392 |
|----------------|----------|

Facility Location Address

| | |
|-----------|-----------------------|
| Street 1: | 80 Stephen Atkins Dr. |
| Street 2: | N/A |
| City: | Iowa City |
| State: | IA |
| ZIP: | 52240 |
| ZIP4: | N/A |
| County: | Johnson |

Facility Latitude and Longitude

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|----------------------|-------------|
| Latitude (decimal): | 41.688747 |
| Longitude (decimal): | -091.545570 |

Local Emergency Planning Committee and Regulations

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|--------------|---------------------|
| LEPC: | Johnson 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?): | 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): | Iowa City Fire Department |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (319) 356-9911 |