Facility Name: Consumers Cooperative Society

EPA Facility Identifier: 1000 0013 4687 Plan Sequence Number: 54928

Section 1. Registration Information

Source Identification

Facility Name: Consumers Cooperative Society

Parent Company #1 Name: N/A

Submission Type: Resubmission
Receipt Date: June 2009
Status: Deregistered
Deregistration Effective Date: January 2011

Facility Identification

Facility ID: 1000 0013 4687

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: N/A

Facility Location Address

Street 1: 3000 Industrial Park Rd.

 Street 2:
 N/A

 City:
 lowa City

 State:
 IA

 ZIP:
 52240

 ZIP4:
 N/A

 County:
 Johnson

Facility Latitude and Longitude

Latitude (decimal): 41.697070 Longitude (decimal): -091.618130

Local Emergency Planning Committee and Regulations

LEPC: Johnson County LEPC

 OSHA PSM:
 N/A

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

EPA Facility Identifier: 1000 0013 4687 Plan Sequence Number: 54928

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: June 2009
Time Accident Began (HH:MM): 13:45
NAICS Code of Process Involved: 42491

NAICS Description: Farm Supplies Merchant Wholesalers

Release Duration: 001 Hours 00 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: N/A Transfer Hose: N/A Valve: Yes Pump: N/A Joint: N/A Other Release Source: N/A

EPA Facility Identifier: 1000 0013 4687

Weather C	Conditions	at the	Time of	Event
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Wind Speed: 8.0
Units: Miles/h
Direction: NE
Temperature: 75
Atmospheric Stability Class: B
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:

Water Contamination:

Soil Contamination:

Other Environmental Damage:

N/A

Initiating Event

Initiating Event:

Equipment Failure

EPA Facility Identifier: 1000 0013 4687 Plan Sequence Number: 54928

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: The pipe was being replace and a

wrench was dropped on the piping. After a while it set off the faulty valve

Off-Site Responders Notified

Off-Site Responders Notified: Notified and Responded

Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: Yes Revised Maintenance: N/A N/A Revised Training: **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 None: N/A Other Changes Introduced: N/A

Chemicals in Accident History

Quantity Released (lbs): 1866
Percent Weight: 100

Chemical Name: Ammonia (anhydrous)

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

EPA Facility Identifier: 1000 0013 4687 Plan Sequence Number: 54928

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):

LEPC Johnson County

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

(319) 356-6028