EPA Facility Identifier: 1000 0001 3497 Plan Sequence Number: 1000039565

# **Section 1. Registration Information**

Source Identification

Facility Name: WHEELER BROTHERS GRAIN

COMPANY - OMEGA

Parent Company #1 Name: WHEELER BROTHERS GRAIN

COMPANY LLC

Submission Type: Resubmission
Receipt Date: June 2014
Status: Deregistered
Deregistration Effective Date: March 2016

**Facility Identification** 

Facility ID: 1000 0001 3497

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

Facility Location Address

Street 1: 2 SOUTH 1 EAST OF OMEGA ON

HWY 33

 Street 2:
 RT 1 BOX 22A

 City:
 OMEGA

 State:
 OK

 ZIP:
 73764

 ZIP4:
 N/A

 County:
 Kingfisher

Facility Latitude and Longitude

Latitude (decimal): 35.840556 Longitude (decimal): -098.172222

Local Emergency Planning Committee and Regulations

LEPC: Kingfisher LEPC

 OSHA PSM:
 N/A

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: WHEELER BROTHERS GRAIN COMPANY - OMEGA

EPA Facility Identifier: 1000 0001 3497 Plan Sequence Number: 1000039565

### **Process Chemicals**

Program Level: Program Level 2 process Chemical Name: Ammonia (anhydrous)

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

### **Process NAICS**

NAICS Code: 42451

NAICS Description: Grain and Field Bean Merchant

Wholesalers

## **Section 6. Accident History**

No records found.

# **Section 9. Emergency Response**

## Written Emergency Response (ER) Plan

Community Plan (Is facility included in Yes written community emergency response plan?):

Facility Plan (Does facility have its own Yes written emergency response plan?):

Response Actions (Does ER plan Yes include specific actions to be taken in response to accidental releases of regulated substance(s)?):

Public Information (Does ER plan Yes include procedures for informing the public and local agencies responding to

accidental release?):

Healthcare (Does facility's ER plan Yes include information on emergency

health care?):

Facility Name: WHEELER BROTHERS GRAIN COMPANY - OMEGA

EPA Facility Identifier: 1000 0001 3497 Plan Sequence Number: 1000039565

## Local Agency

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

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

OMEGA FIRE DEPARTMENT

(405) 375-5261