

## Section 1. Registration Information

### Source Identification

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Facility Name:	Silo Gas Plant
Parent Company #1 Name:	Kaiser-Frontier Midstream LLC
Submission Type:	Resubmission
Receipt Date:	April 2019
Status:	Deregistered
Deregistration Effective Date:	February 2024

### Facility Identification

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Facility ID:	1000 0015 8465
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### Dun and Bradstreet Numbers (DUNS)

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Facility DUNS:	N/A
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### Facility Location Address

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Street 1:	NW 1/4 NE 1/4 S12 T15N R65W
Street 2:	N/A
City:	Cheyenne
State:	WY
ZIP:	82009
ZIP4:	N/A
County:	Laramie

### Facility Latitude and Longitude

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Latitude (decimal):	41.288611
Longitude (decimal):	-104.603611

### Local Emergency Planning Committee and Regulations

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

## Process Chemicals

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Program Level:	Program Level 3 process
Chemical Name:	Propane
CAS Number:	74-98-6
Flammable/Toxic:	Flammable

Program Level:	Program Level 3 process
Chemical Name:	Flammable Mixture
CAS Number:	00-11-11
Flammable/Toxic:	Flammable

## Flammable Mixture Chemical Components

Chemical Name:	Isopentane [Butane, 2-methyl-]
CAS Number:	78-78-4
Flammable/Toxic:	Flammable

Chemical Name:	Ethane
CAS Number:	74-84-0
Flammable/Toxic:	Flammable

Chemical Name:	Propane
CAS Number:	74-98-6
Flammable/Toxic:	Flammable

Chemical Name:	Isobutane [Propane, 2-methyl]
CAS Number:	75-28-5
Flammable/Toxic:	Flammable

Chemical Name:	Butane
CAS Number:	106-97-8
Flammable/Toxic:	Flammable

## Process NAICS

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NAICS Code:	21113
NAICS Description:	Natural Gas Extraction

## Section 6. Accident History

### Accident History ID: Accident 1

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Date of Accident:	June 2018
Time Accident Began (HH:MM):	14:00
NAICS Code of Process Involved:	21113
NAICS Description:	Natural Gas Extraction
Release Duration:	000 Hours 01 Minutes

### Release Event

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Gas Release:	Yes
Liquid Spill/Evaporation:	N/A
Fire:	N/A
Explosion:	Yes
Uncontrolled/Runaway Reaction:	N/A

### Release Source

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Storage Vessel:	N/A
Piping:	Yes
Process Vessel:	N/A
Transfer Hose:	N/A
Valve:	N/A
Pump:	N/A
Joint:	N/A
Other Release Source:	N/A

### Weather Conditions at the Time of Event

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Wind Speed:	N/A
Units:	N/A
Direction:	N/A
Temperature:	N/A
Atmospheric Stability Class:	N/A
Precipitation Present:	N/A
Unknown Weather Conditions:	Yes

## On-Site Impacts

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Employee or Contractor Deaths:	0
Public Responder Deaths:	0
Public Deaths:	0
Employee or Contractor Injuries:	2
Public Responder Injuries:	0
Public Injuries:	0
On-Site Property Damage (\$):	0

## Known Off-Site Impacts

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Deaths:	0
Hospitalizations:	0
Public Deaths:	0
Other Medical Treatments:	0
Evacuated:	0
Sheltered-in-Place:	0
Off-Site Property Damage (\$):	0

## Environmental Damage

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Fish or Animal Kills:	N/A
Tree, Lawn, Shrub, or Crop Damage:	N/A
Water Contamination:	N/A
Soil Contamination:	N/A
Other Environmental Damage:	N/A

## Initiating Event

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Initiating Event:	Human Error
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## Contributing Factors

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Equipment Failure:	N/A
Human Error:	N/A
Improper Procedures:	Yes
Overpressurization:	N/A
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

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Off-Site Responders Notified:	No, not notified
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## Changes Introduced as a Result of the Accident

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Improved or Upgraded Equipment:	N/A
Revised Maintenance:	N/A
Revised Training:	N/A
Revised Operating Procedures:	Yes
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

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Quantity Released (lbs):	4
Percent Weight:	N/A
Chemical Name:	Methane
CAS Number:	74-82-8
Flammable/Toxic:	Flammable

## 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?):	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

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Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated):	Laramie County LEPC
Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated):	(307) 633-4333