EPA Facility Identifier: 1000 0001 4986 Plan Sequence Number: 1000086622

# **Section 1. Registration Information**

#### Source Identification

Facility Name: Carrollton, IL
Parent Company #1 Name: CHS Inc.
Submission Type: Resubmission
Receipt Date: April 2020

**Facility Identification** 

Facility ID: 1000 0001 4986

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: 6147177

**Facility Location Address** 

Street 1: 90 North Main Street

Street 2: N/A

 City:
 Carrollton

 State:
 IL

 ZIP:
 62016

 ZIP4:
 0151

County: Greene

Facility Latitude and Longitude

Latitude (decimal): 39.301069 Longitude (decimal): -90.398608

Local Emergency Planning Committee and Regulations

LEPC: Greene County LEPC

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

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#### **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: November 2012

Time Accident Began (HH:MM): 08:10
NAICS Code of Process Involved: 42491

NAICS Description: Farm Supplies Merchant Wholesalers

Release Duration: 000 Hours 45 Minutes

#### Release Event

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

#### Release Source

 Storage Vessel:
 N/A

 Piping:
 N/A

 Process Vessel:
 Yes

 Transfer Hose:
 N/A

 Valve:
 Yes

 Pump:
 N/A

 Joint:
 N/A

Other Release Source: nurse tank

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Meather	Conditions	at the	Time of	Event
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Wind Speed: 2.0
Units: Miles/h
Direction: N
Temperature: 35
Atmospheric Stability Class: N/A
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: 2
Sheltered-in-Place: 2
Off-Site Property Damage (\$): 13810

## **Environmental Damage**

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

#### **Initiating Event**

Initiating Event: Equipment Failure

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#### **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: Yes Process Design Failure: Yes 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: Notified and Responded

## Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: Yes Yes Revised Maintenance: Revised Training: Yes Revised Operating Procedures: Yes New Process Controls: Yes 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): 4000 Percent Weight: 99

Chemical Name: Ammonia (anhydrous)

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

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#### Accident History ID: Accident 2

Date of Accident: November 2011

Time Accident Began (HH:MM): 11:00
NAICS Code of Process Involved: 42491

NAICS Description: Farm Supplies Merchant Wholesalers

Release Duration: 000 Hours 30 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: Yes Transfer Hose: N/A Valve: Yes Pump: N/A Joint: N/A Other Release Source: N/A

#### Weather Conditions at the Time of Event

Wind Speed: 15.0
Units: Miles/h
Direction: N
Temperature: 45
Atmospheric Stability Class: N/A
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 (\$):

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#### **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:

N/A

Water Contamination:

N/A

Soil Contamination:

Other Environmental Damage:

N/A

## **Initiating Event**

Initiating Event: Equipment Failure

## **Contributing Factors**

N/A **Equipment Failure:** Human Error: N/A Improper Procedures: Yes Overpressurization: N/A **Upset Condition:** N/A By-Pass Condition: N/A Maintenance Activity/Inactivity: Yes 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:

Notified and Responded

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#### Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: Yes Revised Maintenance: Yes Revised Training: Yes Revised Operating Procedures: Yes New Process Controls: N/A New Mitigation Systems: N/A Revised Emergency Response Plan: N/A N/A Changed Process: Reduced Inventory: N/A None: N/A Other Changes Introduced: N/A

#### Chemicals in Accident History

Quantity Released (lbs): 30
Percent Weight: 99

Chemical Name: Ammonia (anhydrous)

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

## **Section 9. Emergency Response**

## Written Emergency Response (ER) Plan

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

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

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

Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?):

Healthcare (Does facility's ER plan include information on emergency health care?):

Yes

Yes

Yes

Yes

Yes

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## 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):

Fire Department

(217) 942-3134