EPA Facility Identifier: 1000 0017 9497 Plan Sequence Number: 49071

# **Section 1. Registration Information**

## Source Identification

Facility Name: Union County Water Treatment Facility

Parent Company #1 Name: Union County Water Conservation

Board

Submission Type: Resubmission
Receipt Date: July 2007
Status: Deregistered
Deregistration Effective Date: January 2010

**Facility Identification** 

Facility ID: 1000 0017 9497

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 8730 Calion Highway

 Street 2:
 N/A

 City:
 EIDorado

 State:
 AR

 ZIP:
 71730

 ZIP4:
 6434

 County:
 Union

Facility Latitude and Longitude

Latitude (decimal): 33.338333 Longitude (decimal): -092.538056

Local Emergency Planning Committee and Regulations

LEPC: Union County LEPC

 OSHA PSM:
 Yes

 EPCRA 302:
 N/A

 CAA Title V:
 N/A

Facility Name: Union County Water Treatment Facility

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#### **Process Chemicals**

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**

#### Accident History ID: Accident 1

Date of Accident: November 2003

Time Accident Began (HH:MM): 01:12
NAICS Code of Process Involved: 22131

NAICS Description: Water Supply and Irrigation Systems

Release Duration: 004 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 0017 9497

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

## **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:

N/A

Water Contamination:

N/A

Soil Contamination:

N/A

Other Environmental Damage:

N/A

### **Initiating Event**

Initiating Event:

**Equipment Failure** 

EPA Facility Identifier: 1000 0017 9497 Plan Sequence Number: 49071

### **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: 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: N/A Yes Revised Maintenance: Revised Training: N/A 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 N/A None: Other Changes Introduced: N/A

## Chemicals in Accident History

Quantity Released (lbs):27Percent Weight:99Chemical Name:ChlorineCAS Number:7782-50-5Flammable/Toxic:Toxic

EPA Facility Identifier: 1000 0017 9497 Plan Sequence Number: 49071

## **Section 9. Emergency Response**

## Written Emergency Response (ER) Plan

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

N/A

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):

Union Ccounty LEPC

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

(870) 864-1900