EPA Facility Identifier: 1000 0014 8627 Plan Sequence Number: 46180

Section 1. Registration Information

Source Identification

Facility Name: EFFINGHAM CLAY SERVICE

COMPANY / SALEM

Parent Company #1 Name: N/A

Submission Type: Corrections
Receipt Date: July 2006
Status: Deregistered
Deregistration Effective Date: April 2008

Facility Identification

Facility ID: 1000 0014 8627

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: N/A

Facility Location Address

Street 1: 901 SOUTH BROADWAY

 Street 2:
 N/A

 City:
 SALEM

 State:
 IL

 ZIP:
 62881

 ZIP4:
 N/A

 County:
 Marion

Facility Latitude and Longitude

Latitude (decimal): 38.620556
Longitude (decimal): -088.947778

Local Emergency Planning Committee and Regulations

LEPC: Marion County LEPC

 OSHA PSM:
 N/A

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: EFFINGHAM CLAY SERVICE COMPANY / SALEM

EPA Facility Identifier: 1000 0014 8627 Plan Sequence Number: 46180

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 2002

Time Accident Began (HH:MM): 06:45
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: Yes
Process Vessel: N/A
Transfer Hose: N/A
Valve: N/A
Pump: Yes
Joint: N/A

Other Release Source: BOLTS LOOSE AT PUMP FLANGE

Facility Name: EFFINGHAM CLAY SERVICE COMPANY / SALEM

EPA Facility Identifier: 1000 0014 8627 Plan Sequence Number: 46180

11/004604	Conditions	at the Time	of Event
vveather	Conditions	at the Time	or Event

Wind Speed: 0.0
Units: Miles/h
Direction: N/A
Temperature: 40
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: 0
Sheltered-in-Place: 0
Off-Site Property Damage (\$): 0

Environmental Damage

Fish or Animal Kills:

Tree, Lawn, Shrub, or Crop Damage:

Water Contamination:

N/A

Soil Contamination:

Other Environmental Damage:

N/A

Initiating Event

Initiating Event: Human Error

EPA Facility Identifier: 1000 0014 8627 Plan Sequence Number: 46180

Contributing Factors

Equipment Failure: Yes Human Error: Yes 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: Tampering of plumbing by unknown

thief

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: Yes 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: Repack and replace gaskets and

tamper proof bolts in pump flanges

Chemicals in Accident History

Quantity Released (lbs): 200
Percent Weight: 82

Chemical Name: Ammonia (anhydrous)

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

EPA Facility Identifier: 1000 0014 8627 Plan Sequence Number: 46180

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):

MARION COUNTY LEPC

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

(618) 548-2232