Facility Name: Sewage Treatment Plant No. 2

EPA Facility Identifier: 1000 0010 7699 Plan Sequence Number: 8583

# **Section 1. Registration Information**

#### Source Identification

Facility Name: Sewage Treatment Plant No. 2

Parent Company #1 Name: City of Wichita, Kansas

Submission Type: First Time
Receipt Date: June 1999
Status: Deregistered
Deregistration Effective Date: August 2005

**Facility Identification** 

Facility ID: 1000 0010 7699

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 2305 E. 57th Street South

 Street 2:
 N/A

 City:
 Wichita

 State:
 KS

 ZIP:
 67216

 ZIP4:
 N/A

 County:
 Sedgwick

Facility Latitude and Longitude

Latitude (decimal): 37.585556 Longitude (decimal): -97.308333

Local Emergency Planning Committee and Regulations

LEPC: Sedgwick County LEPC

 OSHA PSM:
 N/A

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: Sewage Treatment Plant No. 2

EPA Facility Identifier: 1000 0010 7699 Plan Sequence Number: 8583

#### **Process Chemicals**

Program Level: Program Level 2 process

Chemical Name: Chlorine
CAS Number: 7782-50-5
Flammable/Toxic: Toxic

Program Level: Program Level 2 process
Chemical Name: Sulfur dioxide (anhydrous)

CAS Number: 7446-09-5
Flammable/Toxic: Toxic

### **Process NAICS**

NAICS Code: 22132

NAICS Description: Sewage Treatment Facilities

# **Section 6. Accident History**

# Accident History ID: Accident 1

Date of Accident: June 1997
Time Accident Began (HH:MM): 10:20
NAICS Code of Process Involved: 22132

NAICS Description: Sewage Treatment Facilities
Release Duration: 000 Hours 01 Minutes

### Release Event

Gas Release:YesLiquid Spill/Evaporation:N/AFire:N/AExplosion:N/AUncontrolled/Runaway Reaction:N/A

EPA Facility Identifier: 1000 0010 7699

Plan Sequence Number: 8583

### Release Source

Storage Vessel: N/A
Piping: N/A
Process Vessel: N/A
Transfer Hose: N/A
Valve: N/A
Pump: N/A
Joint: N/A

Other Release Source: Flexible connector

### Weather Conditions at the Time of Event

Wind Speed: N/A

Units: Meters/second

Direction:N/ATemperature:N/AAtmospheric Stability Class:N/APrecipitation Present:N/AUnknown 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:

Water Contamination:

N/A

Soil Contamination:

N/A

Other Environmental Damage:

N/A

### **Initiating Event**

Initiating Event: Human Error

### **Contributing Factors**

**Equipment Failure:** N/A Human Error: Yes Improper Procedures: Yes Overpressurization: N/A **Upset Condition:** N/A N/A By-Pass Condition: 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: No, not notified

### Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: N/A Revised Maintenance: N/A Revised Training: N/A N/A **Revised Operating Procedures:** New Process Controls: N/A New Mitigation Systems: N/A Revised Emergency Response Plan: N/A **Changed Process:** N/A N/A Reduced Inventory: Yes Other Changes Introduced: N/A

### Chemicals in Accident History

Quantity Released (lbs):9Percent Weight:N/AChemical Name:ChlorineCAS Number:7782-50-5Flammable/Toxic:Toxic

# Accident History ID: Accident 2

Date of Accident: February 1996

Time Accident Began (HH:MM): 10:35
NAICS Code of Process Involved: 22132

NAICS Description: Sewage Treatment Facilities
Release Duration: 000 Hours 10 Minutes

### Release Event

Gas Release:YesLiquid Spill/Evaporation:N/AFire:N/AExplosion:N/AUncontrolled/Runaway Reaction:N/A

### Release Source

 Storage Vessel:
 N/A

 Piping:
 N/A

 Process Vessel:
 N/A

 Transfer Hose:
 N/A

 Valve:
 N/A

 Pump:
 N/A

 Joint:
 N/A

Other Release Source: Replacing in-line filter

#### Weather Conditions at the Time of Event

Wind Speed: N/A

Units: Meters/second

Direction:N/ATemperature:N/AAtmospheric Stability Class:N/APrecipitation Present:N/AUnknown Weather Conditions:Yes

### **On-Site Impacts**

Employee or Contractor Deaths: 0
Public Responder Deaths: 0
Public Deaths: 0
Employee or Contractor Injuries: 1
Public Responder Injuries: 0
Public Injuries: 0
On-Site Property Damage (\$): 0

# **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:

Human Error

### **Contributing Factors**

**Equipment Failure:** N/A Human Error: Yes Improper Procedures: Yes 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: No, not notified

# Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: N/A N/A 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 Yes None: Other Changes Introduced: N/A

# Chemicals in Accident History

Quantity Released (lbs):5Percent Weight:N/AChemical Name:ChlorineCAS Number:7782-50-5Flammable/Toxic:Toxic

# **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

N/A

health care?):

### **Local Agency**

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

Sedwick County LEPC

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

(316) 383-7546