EPA Facility Identifier: 1000 0015 0472 Plan Sequence Number: 1000017501

Section 1. Registration Information

Source Identification

Facility Name: City of Superior Wastewater Div. Of

Public Works

Parent Company #1 Name: N/A

Submission Type: Resubmission
Receipt Date: January 2012
Status: Deregistered
Deregistration Effective Date: November 2016

Facility Identification

Facility ID: 1000 0015 0472

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: 29514572

Facility Location Address

Street 1: 51 East First Street

 Street 2:
 N/A

 City:
 Superior

 State:
 WI

 ZIP:
 54880

 ZIP4:
 3034

 County:
 Douglas

Facility Latitude and Longitude

Latitude (decimal): 46.726903 Longitude (decimal): -092.072125

Local Emergency Planning Committee and Regulations

LEPC: Douglas County LEPC

 OSHA PSM:
 Yes

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: City of Superior Wastewater Div. Of Public Works

EPA Facility Identifier: 1000 0015 0472 Plan Sequence Number: 1000017501

Process Chemicals

Program Level: Program Level 3 process

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

Program Level: Program Level 3 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: April 2007
Time Accident Began (HH:MM): 09:30
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 0015 0472 Plan Sequence Number: 1000017501

Release Source

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

Weather Conditions at the Time of Event

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

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

EPA Facility Identifier: 1000 0015 0472 Plan Sequence Number: 1000017501

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: Equipment Failure

Contributing Factors

Equipment Failure: Yes Human Error: N/A Improper Procedures: N/A 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 N/A Revised Maintenance: Revised Training: Yes **Revised Operating Procedures:** Yes New Process Controls: N/A New Mitigation Systems: N/A Revised Emergency Response Plan: N/A **Changed Process:** N/A N/A Reduced Inventory: N/A Other Changes Introduced: N/A

Facility Name: City of Superior Wastewater Div. Of Public Works

EPA Facility Identifier: 1000 0015 0472 Plan Sequence Number: 1000017501

Chemicals in Accident History

Quantity Released (lbs):1Percent Weight:100Chemical 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?):

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

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):

Douglas County Emergency Response

(715) 395-1391