EPA Facility Identifier: 1000 0013 9316 Plan Sequence Number: 1000101686

Section 1. Registration Information

Source Identification

Facility Name:

Parent Company #1 Name:

Submission Type:

Receipt Date:

NPX ONE LLC

Altas Holdings LLC

Resubmission

September 2022

Facility Identification

Facility ID: 1000 0013 9316

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: 825119741

Facility Location Address

Street 1: 7950 Allison Avenue

Street 2: N/A

City: Indianapolis

 State:
 IN

 ZIP:
 46268

 ZIP4:
 1617

 County:
 Marion

Facility Latitude and Longitude

Latitude (decimal): 39.897483 Longitude (decimal): -086.250254

Local Emergency Planning Committee and Regulations

LEPC: Marion County LEPC

OSHA PSM: Yes
EPCRA 302: Yes
CAA Title V: Yes

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Process Chemicals

Program Level: Program Level 3 process

Chemical Name: Isobutane [Propane, 2-methyl]

CAS Number: 75-28-5
Flammable/Toxic: Flammable

Program Level: Program Level 3 process

Chemical Name: Pentane
CAS Number: 109-66-0
Flammable/Toxic: Flammable

Process NAICS

NAICS Code: 32614

NAICS Description: Polystyrene Foam Product

Manufacturing

Section 6. Accident History

Accident History ID: Accident 1

Date of Accident: October 2011

Time Accident Began (HH:MM): 11:53
NAICS Code of Process Involved: 32614

NAICS Description: Polystyrene Foam Product

Manufacturing

Release Duration: 000 Hours 04 Minutes

Release Event

Gas Release:N/ALiquid Spill/Evaporation:YesFire:N/AExplosion:N/AUncontrolled/Runaway Reaction:N/A

EPA Facility Identifier: 1000 0013 9316 Plan Sequence Number: 1000101686

Release Source

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

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

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Environmental Damage

Fish or Animal Kills:

Tree, Lawn, Shrub, or Crop Damage:

Water Contamination:

N/A

Soil Contamination:

N/A

Other Environmental Damage: None - secondary containment

Initiating Event

Initiating Event: Human Error

Contributing Factors

Equipment Failure: N/A Human Error: N/A Improper Procedures: N/A Overpressurization: N/A **Upset Condition:** N/A N/A By-Pass Condition: 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: Improper tighting by Maintenance

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

EPA Facility Identifier: 1000 0013 9316 Plan Sequence Number: 1000101686

Chemicals in Accident History

Quantity Released (lbs):10Percent Weight:N/AChemical Name:PentaneCAS Number:109-66-0Flammable/Toxic:Flammable

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?):

N/A

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):

Pike Township Fire Department

(317) 327-6760