EPA Facility Identifier: 1000 0005 3586 Plan Sequence Number: 1000077198

Section 1. Registration Information

Source Identification

Facility Name: ISABEL

Parent Company #1 Name: The Farmers Cooperative Equity Co.

Submission Type: Resubmission
Receipt Date: April 2019
Status: Deregistered
Deregistration Effective Date: April 2021

Facility Identification

Facility ID: 1000 0005 3586

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: N/A

Facility Location Address

 Street 1:
 300 MAIN

 Street 2:
 N/A

 City:
 ISABEL

 State:
 KS

 ZIP:
 67065

 ZIP4:
 N/A

 County:
 Barber

Facility Latitude and Longitude

Latitude (decimal): 37.46674 Longitude (decimal): -98.549939

Local Emergency Planning Committee and Regulations

LEPC: Barber LEPC

OSHA PSM: N/A
EPCRA 302: Yes
CAA Title V: N/A

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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: March 2012
Time Accident Began (HH:MM): 09:25
NAICS Code of Process Involved: 42451

NAICS Description: Grain and Field Bean Merchant

Wholesalers

Release Duration: 000 Hours 20 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: N/A
Process Vessel: N/A
Transfer Hose: N/A
Valve: N/A
Pump: N/A
Joint: N/A

Other Release Source: Driver failed to close bleed off valve

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Weather	Conditions	at the T	ime of	Event
vvealilei	Conditions	al lite i		

Wind Speed: 5.0
Units: Miles/h
Direction: SE
Temperature: 60
Atmospheric Stability Class: D
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: 10
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:

None

Initiating Event

Initiating Event: Human Error

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Contributing Factors

Equipment Failure: N/A N/A Human Error: 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: Notified and Responded

Changes Introduced as a Result of the Accident

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

Chemicals in Accident History

Quantity Released (lbs): 1855
Percent Weight: 100

Chemical Name: Ammonia (anhydrous)

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

EPA Facility Identifier: 1000 0005 3586 Plan Sequence Number: 1000077198

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):

ISABEL FIRE DEPARTMENT

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

(620) 739-4391