EPA Facility Identifier: 1000 0004 1634 Plan Sequence Number: 35088

# **Section 1. Registration Information**

#### Source Identification

Facility Name: Samuel S. Baxter Water Treatment

Plant

Parent Company #1 Name: Philadelphia Water Department

Submission Type: Resubmission
Receipt Date: June 2004
Status: Deregistered
Deregistration Effective Date: June 2005

**Facility Identification** 

Facility ID: 1000 0004 1634

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: N/A

Facility Location Address

Street 1: 9001 State Road

Street 2: N/A

City: Philadelphia

 State:
 PA

 ZIP:
 19136

 ZIP4:
 N/A

County: Philadelphia

Facility Latitude and Longitude

Latitude (decimal): 40.042500 Longitude (decimal): -074.994722

Local Emergency Planning Committee and Regulations

LEPC: Philadelphia LEPC

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

Facility Name: Samuel S. Baxter Water Treatment Plant

EPA Facility Identifier: 1000 0004 1634 Plan Sequence Number: 35088

#### **Process Chemicals**

Program Level: Program Level 2 process

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

#### **Process NAICS**

NAICS Code: 22131

NAICS Description: Water Supply and Irrigation Systems

# **Section 6. Accident History**

#### Accident History ID: Accident 1

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

22131

NAICS Description: Water Supply and Irrigation Systems

Release Duration: 000 Hours 01 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: Yes
Pump: N/A
Joint: N/A

Other Release Source: packing gland

Facility Name: Samuel S. Baxter Water Treatment Plant

EPA Facility Identifier: 1000 0004 1634 Plan Sequence Number: 35088

Meather	Conditions	at the	Time of	Event
vveautei	Conditions	at the	i ii ii e Oi	

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:

Other Environmental Damage:

N/A

#### **Initiating Event**

Initiating Event: Human Error

EPA Facility Identifier: 1000 0004 1634 Plan Sequence Number: 35088

### **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: 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 Reduced Inventory: N/A N/A None: Other Changes Introduced: N/A

## Chemicals in Accident History

Quantity Released (lbs):1Percent Weight:N/AChemical Name:ChlorineCAS Number:7782-50-5Flammable/Toxic:Toxic

EPA Facility Identifier: 1000 0004 1634 Plan Sequence Number: 35088

# **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?):

Yes

Response Actions (Does ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?):

Yes

Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?):

Yes

Healthcare (Does facility's ER plan include information on emergency health care?):

Yes

### **Local Agency**

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

Philadelphia Fire Department

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

(215) 686-8960