Facility Name: DEERFIELD ELEVATOR EPA Facility Identifier: 1000 0000 3505

Plan Sequence Number: 21727

# **Section 1. Registration Information**

### Source Identification

Facility Name: DEERFIELD ELEVATOR
Parent Company #1 Name: GARDEN CITY CO-OP, INC.

Submission Type: Resubmission
Receipt Date: August 2000
Status: Deregistered
Deregistration Effective Date: April 2002

**Facility Identification** 

Facility ID: 1000 0000 3505

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: WEST 6TH STREET

Street 2: N/A

City: DEERFIELD

 State:
 KS

 ZIP:
 67838

 ZIP4:
 N/A

 County:
 Kearny

Facility Latitude and Longitude

Latitude (decimal): 37.986389 Longitude (decimal): -101.134611

Local Emergency Planning Committee and Regulations

LEPC: Kearny County LEPC

 OSHA PSM:
 N/A

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: DEERFIELD ELEVATOR EPA Facility Identifier: 1000 0000 3505

Plan Sequence Number: 21727

#### **Process Chemicals**

Program Level: Program Level 2 process Chemical Name: Ammonia (anhydrous)

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

#### **Process NAICS**

NAICS Code: 42291

NAICS Description: Farm Supplies Wholesalers

## **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

42291

NAICS Description: Farm Supplies Wholesalers Release Duration: 000 Hours 03 Minutes

### Release Event

Gas Release: Yes
Liquid Spill/Evaporation: Yes
Fire: N/A
Explosion: N/A
Uncontrolled/Runaway Reaction: N/A

#### Release Source

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

### Weather Conditions at the Time of Event

Wind Speed: 20.0
Units: Miles/h
Direction: S
Temperature: 80
Atmospheric Stability Class: C
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: 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: Equipment Failure

### **Contributing Factors**

**Equipment Failure:** N/A 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: Yes 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: 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): 300
Percent Weight: N/A

Chemical Name: Ammonia (anhydrous)

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

Facility Name: DEERFIELD ELEVATOR EPA Facility Identifier: 1000 0000 3505

Plan Sequence Number: 21727

# **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):

DEERFIELD FIRE DEPARTMENT

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

(316) 426-8161