Facility Name: Water Treatment Plant #2 EPA Facility Identifier: 1000 0000 0722

Plan Sequence Number: 42

# **Section 1. Registration Information**

#### Source Identification

Facility Name: Water Treatment Plant #2

Parent Company #1 Name: Weber Basin Water Conservancy

District

Submission Type: First Time
Receipt Date: February 1999
Status: Deregistered
Deregistration Effective Date: May 2004

**Facility Identification** 

Facility ID: 1000 0000 0722

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: 832397728

**Facility Location Address** 

Street 1: 4805 Old Post Road

 Street 2:
 N/A

 City:
 Ogden

 State:
 UT

 ZIP:
 84403

 ZIP4:
 N/A

 County:
 Weber

Facility Latitude and Longitude

Latitude (decimal): 41.167222 Longitude (decimal): 111.941667

Local Emergency Planning Committee and Regulations

LEPC: Weber County LEPC

 OSHA PSM:
 Yes

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

#### **Process Chemicals**

Program Level: Program Level 3 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):

VAICS 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

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

Weather Co	onditions	at the 1	Time of	Event
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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: 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: 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:** N/A 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

#### Accident History ID: Accident 2

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: N/A

#### Weather Conditions at the Time of Event

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:

O
Public Deaths:

Employee or Contractor Injuries:

Public Responder Injuries:

O
Public Injuries:

O
On-Site Property Damage (\$):

Known	Off-Site	Impacts
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0
0
0
0
0
0
0

# Environmental Damage

Fish or Animal Kills:	N/A
Tree, Lawn, Shrub, or Crop Damage:	N/A
Water Contamination:	N/A
Soil Contamination:	N/A
Other Environmental Damage:	N/A

# Initiating Event

## Contributing Factors

Equipment Failure:	N/A
Human Error:	Yes
Improper Procedures:	N/A
Overpressurization:	N/A
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:** N/A **New Process Controls:** N/A New Mitigation Systems: N/A Revised Emergency Response Plan: N/A N/A Changed Process: Reduced Inventory: N/A None: N/A Other Changes Introduced: N/A

#### Chemicals in Accident History

Quantity Released (lbs):1Percent Weight:N/AChemical 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

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):

Ogden City Fire Deptment

(801) 629-8086