EPA Facility Identifier: 1000 0007 4901 Plan Sequence Number: 1000044895

# **Section 1. Registration Information**

### Source Identification

Facility Name: JOHNSTOWN WASTEWATER

TREATMENT PLANT

Parent Company #1 Name: N/A

Submission Type: Resubmission
Receipt Date: September 2014
Status: Deregistered
Deregistration Effective Date: October 2017

**Facility Identification** 

Facility ID: 1000 0007 4901

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: 98210719

Facility Location Address

Street 1: 241 ASPHALT ROAD

Street 2: N/A

City: JOHNSTOWN

 State:
 PA

 ZIP:
 15906

 ZIP4:
 N/A

 County:
 Cambria

Facility Latitude and Longitude

Latitude (decimal): 40.362944 Longitude (decimal): -078.950944

Local Emergency Planning Committee and Regulations

LEPC: Cambria County LEPC

 OSHA PSM:
 Yes

 EPCRA 302:
 N/A

 CAA Title V:
 N/A

Facility Name: JOHNSTOWN WASTEWATER TREATMENT PLANT

EPA Facility Identifier: 1000 0007 4901 Plan Sequence Number: 1000044895

#### **Process Chemicals**

Program Level: Program Level 3 process

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

#### **Process NAICS**

NAICS Code: 22132

NAICS Description: Sewage Treatment Facilities

# **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

22132

NAICS Description: Sewage Treatment Facilities
Release Duration: 003 Hours 15 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: Yes Process Vessel: N/A Transfer Hose: N/A Valve: N/A Pump: N/A Joint: N/A Other Release Source: N/A

Facility Name: JOHNSTOWN WASTEWATER TREATMENT PLANT

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Weather	Conditions	at the	Time of	<b>Event</b>
vvcatrici	Conditions	at the		

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

# **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

Facility Name: JOHNSTOWN WASTEWATER TREATMENT PLANT

EPA Facility Identifier: 1000 0007 4901 Plan Sequence Number: 1000044895

### **Contributing Factors**

**Equipment Failure:** Yes N/A Human Error: 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: Washer failure less than 2 lbs released into room before shutting down tank

### Off-Site Responders Notified

Off-Site Responders Notified: No, not notified

## Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: Yes N/A Revised Maintenance: Revised Training: N/A **Revised Operating Procedures:** N/A **New Process Controls:** N/A New Mitigation Systems: N/A Revised Emergency Response Plan: Yes **Changed Process:** N/A Reduced Inventory: N/A None: N/A Other Changes Introduced: N/A

#### Chemicals in Accident History

Quantity Released (lbs):2Percent Weight:0.1Chemical Name:ChlorineCAS Number:7782-50-5Flammable/Toxic:Toxic

EPA Facility Identifier: 1000 0007 4901 Plan Sequence Number: 1000044895

# **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):

CAMBRIA COUNTY DEPT. OF EMERG. SERV

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

(814) 472-2050