

## Section 1. Registration Information

### Source Identification

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|                                |                                |
|--------------------------------|--------------------------------|
| Facility Name:                 | Southeastern Adhesives Company |
| Parent Company #1 Name:        | N/A                            |
| Submission Type:               | Resubmission                   |
| Receipt Date:                  | January 2001                   |
| Status:                        | Deregistered                   |
| Deregistration Effective Date: | March 2004                     |

### Facility Identification

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|              |                |
|--------------|----------------|
| Facility ID: | 1000 0013 2073 |
|--------------|----------------|

### Dun and Bradstreet Numbers (DUNS)

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|                |         |
|----------------|---------|
| Facility DUNS: | 3163284 |
|----------------|---------|

### Facility Location Address

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|           |                      |
|-----------|----------------------|
| Street 1: | 815D Virginia Street |
| Street 2: | N/A                  |
| City:     | Lenoir               |
| State:    | NC                   |
| ZIP:      | 28645                |
| ZIP4:     | 2070                 |
| County:   | Caldwell             |

### Facility Latitude and Longitude

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|                      |            |
|----------------------|------------|
| Latitude (decimal):  | 35.896194  |
| Longitude (decimal): | -81.551417 |

### Local Emergency Planning Committee and Regulations

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|              |                      |
|--------------|----------------------|
| LEPC:        | Caldwell County LEPC |
| OSHA PSM:    | Yes                  |
| EPCRA 302:   | Yes                  |
| CAA Title V: | N/A                  |

## Process Chemicals

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|                  |                         |
|------------------|-------------------------|
| Program Level:   | Program Level 3 process |
| Chemical Name:   | Formaldehyde (solution) |
| CAS Number:      | 50-00-0                 |
| Flammable/Toxic: | Toxic                   |

## Process NAICS

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|                    |   |
|--------------------|---|
| NAICS Code:        | 325211                                    |
| NAICS Description: | Plastics Material and Resin Manufacturing |

## Section 6. Accident History

### Accident History ID: Accident 1

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|                                 |   |
|---------------------------------|---|
| Date of Accident:               | August 2000                               |
| Time Accident Began (HH:MM):    | 05:00                                     |
| NAICS Code of Process Involved: | 325211                                    |
| NAICS Description:              | Plastics Material and Resin Manufacturing |
| Release Duration:               | 001 Hours 30 Minutes                      |

## Release Event

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

## Release Source

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

## Weather Conditions at the Time of Event

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|                              |         |
|------------------------------|---------|
| Wind Speed:                  | 4.5     |
| Units:                       | Miles/h |
| Direction:                   | SW      |
| Temperature:                 | 75      |
| Atmospheric Stability Class: | E       |
| Precipitation Present:       | N/A     |
| Unknown Weather Conditions:  | N/A     |

## On-Site Impacts

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|                                  |       |
|----------------------------------|-------|
| Employee or Contractor Deaths:   | 0     |
| Public Responder Deaths:         | 0     |
| Public Deaths:                   | 0     |
| Employee or Contractor Injuries: | 0     |
| Public Responder Injuries:       | 0     |
| Public Injuries:                 | 0     |
| On-Site Property Damage (\$):    | 30000 |

## Known Off-Site Impacts

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|                                |   |
|--------------------------------|---|
| Deaths:                        | 0 |
| Hospitalizations:              | 0 |
| Public Deaths:                 | 0 |
| Other Medical Treatments:      | 0 |
| Evacuated:                     | 0 |
| Sheltered-in-Place:            | 0 |
| Off-Site Property Damage (\$): | 0 |

## Environmental Damage

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|                                    |     |
|------------------------------------|-----|
| 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

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|                   |                   |
|-------------------|-------------------|
| Initiating Event: | Equipment Failure |
|-------------------|-------------------|

## Contributing Factors

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|                                  |     |
|----------------------------------|-----|
| Equipment Failure:               | Yes |
| Human Error:                     | N/A |
| 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

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|                               |               |
|-------------------------------|---------------|
| Off-Site Responders Notified: | Notified Only |
|-------------------------------|---------------|

## Changes Introduced as a Result of the Accident

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

## Chemicals in Accident History

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|                          |                         |
|--------------------------|-------------------------|
| Quantity Released (lbs): | 10000                   |
| Percent Weight:          | 50                      |
| Chemical Name:           | Formaldehyde (solution) |
| CAS Number:              | 50-00-0                 |
| Flammable/Toxic:         | Toxic                   |

## Section 9. Emergency Response

### Written Emergency Response (ER) Plan

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|   |     |
|---|-----|
| 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

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|  |                      |
|--|----------------------|
| Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated):                 | Caldwell County LEPC |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (828) 757-1277       |