Facility Name: Gebarten

EPA Facility Identifier: 1000 0025 0756 Plan Sequence Number: 1000118352

# **Section 1. Registration Information**

### Source Identification

Facility Name: Gebarten

Parent Company #1 Name: Gebarten RNG, LLC
Submission Type: Resubmission
Receipt Date: November 2024

**Facility Identification** 

Facility ID: 1000 0025 0756

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 393 E De Kalb Road

 Street 2:
 N/A

 City:
 Hermon

 State:
 NY

 ZIP:
 13652

 ZIP4:
 N/A

County: St. Lawrence

Facility Latitude and Longitude

Latitude (decimal): 44.472928 Longitude (decimal): -75.275768

Local Emergency Planning Committee and Regulations

LEPC: St. Lawrence County LEPC

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

Facility Name: Gebarten

EPA Facility Identifier: 1000 0025 0756 Plan Sequence Number: 1000118352

### **Process Chemicals**

Program Level: Program Level 3 process
Chemical Name: Flammable Mixture

CAS Number: 00-11-11 Flammable/Toxic: Flammable

Flammable Mixture Chemical Components

Chemical Name: Methane
CAS Number: 74-82-8
Flammable/Toxic: Flammable

### **Process NAICS**

NAICS Code: 221117

NAICS Description: Biomass Electric Power Generation

## **Section 6. Accident History**

No records found.

# **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?):

N/A

Yes

Yes

Yes

Yes

Facility Name: Gebarten

EPA Facility Identifier: 1000 0025 0756 Plan Sequence Number: 1000118352

## 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):

**Dekalb Junction Fire Department** 

(315) 347-2298