

## Section 1. Registration Information

### Source Identification

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Facility Name:	Lexington Water Treatment Plants
Parent Company #1 Name:	City of Lexington
Submission Type:	Corrections
Receipt Date:	August 1999
Status:	Deregistered
Deregistration Effective Date:	May 2004

### Facility Identification

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Facility ID:	1000 0015 7849
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### Dun and Bradstreet Numbers (DUNS)

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Facility DUNS:	N/A
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### Facility Location Address

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Street 1:	2979 Greensboro Street Extension
Street 2:	N/A
City:	Lexington
State:	NC
ZIP:	27295
ZIP4:	N/A
County:	Davidson

### Facility Latitude and Longitude

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Latitude (decimal):	35.853833
Longitude (decimal):	-80.205083

### Local Emergency Planning Committee and Regulations

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LEPC:	Davidson 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:	Chlorine
CAS Number:	7782-50-5
Flammable/Toxic:	Toxic

## Process NAICS

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NAICS Code:	22131
NAICS Description:	Water Supply and Irrigation Systems

## Section 6. Accident History

### Accident History ID: Accident 1

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Date of Accident:	August 1996
Time Accident Began (HH:MM):	10:00
NAICS Code of Process Involved:	22131
NAICS Description:	Water Supply and Irrigation Systems
Release Duration:	000 Hours 01 Minutes

## Release Event

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Gas Release:	Yes
Liquid Spill/Evaporation:	N/A
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:	7.0
Units:	Miles/h
Direction:	ENE
Temperature:	85
Atmospheric Stability Class:	B
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 (\$):	0

## 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
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## 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:	No, not notified
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## Changes Introduced as a Result of the Accident

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Improved or Upgraded Equipment:	Yes
Revised Maintenance:	N/A
Revised Training:	N/A
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
None:	N/A
Other Changes Introduced:	N/A

## Chemicals in Accident History

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Quantity Released (lbs):	1
Percent Weight:	98
Chemical Name:	Chlorine
CAS Number:	7782-50-5
Flammable/Toxic:	Toxic

## Accident History ID: Accident 2

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Date of Accident:	August 1995
Time Accident Began (HH:MM):	00:00
NAICS Code of Process Involved:	22131
NAICS Description:	Water Supply and Irrigation Systems
Release Duration:	000 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:	0.0
Units:	Meters/second
Direction:	N/A
Temperature:	80
Atmospheric Stability Class:	F
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:	1
Public Responder Injuries:	0
Public Injuries:	0
On-Site Property Damage (\$):	0

### 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
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### Contributing Factors

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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:	Yes
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:	No, not notified
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## Changes Introduced as a Result of the Accident

---

Improved or Upgraded Equipment:	Yes
Revised Maintenance:	N/A
Revised Training:	N/A
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
None:	N/A
Other Changes Introduced:	N/A

## Chemicals in Accident History

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Quantity Released (lbs):	11
Percent Weight:	15
Chemical Name:	Chlorine
CAS Number:	7782-50-5
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?):	N/A
Facility Plan (Does facility have its own written emergency response plan?):	N/A
Response Actions (Does ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?):	N/A
Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?):	N/A
Healthcare (Does facility's ER plan include information on emergency health care?):	N/A

## Local Agency

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

Davidson County Emergency  
Managemen

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

(336) 242-2280