

## Section 1. Registration Information

### Source Identification

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Facility Name:	Wastewater Treatment Plant (TCPA ID No. 1903)
Parent Company #1 Name:	The Linden Roselle Sewerage Authority
Submission Type:	First Time
Receipt Date:	May 1999
Status:	Deregistered
Deregistration Effective Date:	January 2000

### Facility Identification

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Facility ID:	1000 0001 4432
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### Dun and Bradstreet Numbers (DUNS)

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Facility DUNS:	44741783
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### Facility Location Address

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Street 1:	5005 South Wood Avenue
Street 2:	N/A
City:	Linden
State:	NJ
ZIP:	07036
ZIP4:	N/A
County:	Union

### Facility Latitude and Longitude

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Latitude (decimal):	40.606944
Longitude (decimal):	-74.223611

### Local Emergency Planning Committee and Regulations

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LEPC:	Linden Industrial Mutual Aid C
OSHA PSM:	Yes
EPCRA 302:	N/A
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:	22132
NAICS Description:	Sewage Treatment Facilities

## Section 6. Accident History

### Accident History ID: Accident 1

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Date of Accident:	April 1996
Time Accident Began (HH:MM):	04:30
NAICS Code of Process Involved:	22132
NAICS Description:	Sewage Treatment Facilities
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:	defective cylinder stem

## Weather Conditions at the Time of Event

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Wind Speed:	0.0
Units:	Meters/second
Direction:	N/A
Temperature:	50
Atmospheric Stability Class:	F
Precipitation Present:	N/A
Unknown Weather Conditions:	Yes

## 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:	1
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:	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:	stem on cylinder defective

## 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:	N/A
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:	Yes
Other Changes Introduced:	N/A

## Chemicals in Accident History

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

## Accident History ID: Accident 2

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Date of Accident:	June 1994
Time Accident Began (HH:MM):	18:20
NAICS Code of Process Involved:	22132
NAICS Description:	Sewage Treatment Facilities
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:	N/A
Process Vessel:	N/A
Transfer Hose:	N/A
Valve:	N/A
Pump:	N/A
Joint:	N/A
Other Release Source:	chlorine cylinder was not hooked up properly

## Weather Conditions at the Time of Event

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Wind Speed:	N/A
Units:	Meters/second
Direction:	N/A
Temperature:	N/A
Atmospheric Stability Class:	N/A
Precipitation Present:	N/A
Unknown Weather Conditions:	Yes

### 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:	1
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:	chlorine cylinder was not hooked up properly

## 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:	N/A
Revised Maintenance:	N/A
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
None:	N/A
Other Changes Introduced:	N/A

## Chemicals in Accident History

---

Quantity Released (lbs):	1
Percent Weight:	N/A
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?):	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):	Linden Industrial Mutual Aid Council
Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated):	(908) 474-8405