EPA Facility Identifier: 1000 0017 3616 Plan Sequence Number: 1000048297

## **Section 1. Registration Information**

#### Source Identification

Facility Name: United Farmers Cooperative - Percival

Parent Company #1 Name: Previously Vogel Agri-Service

Submission Type: Resubmission
Receipt Date: January 2015
Status: Deregistered
Deregistration Effective Date: December 2018

**Facility Identification** 

Facility ID: 1000 0017 3616

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 1921 - 195th Avenue

 Street 2:
 N/A

 City:
 Percival

 State:
 IA

 ZIP:
 51648

 ZIP4:
 N/A

 County:
 Fremont

Facility Latitude and Longitude

Latitude (decimal): 40.762345 Longitude (decimal): -95.813575

Local Emergency Planning Committee and Regulations

LEPC: Fremont County EMA

 OSHA PSM:
 N/A

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

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#### **Process Chemicals**

Program Level: Program Level 2 process
Chemical Name: Ammonia (anhydrous)

CAS Number: 7664-41-7 Flammable/Toxic: Toxic

#### **Process NAICS**

NAICS Code: 42491

NAICS Description: Farm Supplies Merchant Wholesalers

# **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident: September 2007

Time Accident Began (HH:MM): 01:51
NAICS Code of Process Involved: 11511

NAICS Description: Support Activities for Crop Production

Release Duration: 004 Hours 00 Minutes

### Release Event

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

#### Release Source

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

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### Weather Conditions at the Time of Event

Wind Speed: 3.0
Units: Miles/h
Direction: W
Temperature: 65
Atmospheric Stability Class: D
Precipitation Present: N/A
Unknown Weather Conditions: N/A

### **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: 80
Sheltered-in-Place: 0
Off-Site Property Damage (\$): 0

### **Environmental Damage**

Fish or Animal Kills:

Tree, Lawn, Shrub, or Crop Damage:

N/A

Water Contamination:

N/A

Soil Contamination:

N/A

Other Environmental Damage:

N/A

### **Initiating Event**

Initiating Event: Unknown

EPA Facility Identifier: 1000 0017 3616 Plan Sequence Number: 1000048297

### **Contributing Factors**

**Equipment Failure:** N/A 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: Theft/vandalism

### Off-Site Responders Notified

Off-Site Responders Notified: Notified and Responded

### Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: N/A 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: N/A Changed Process: N/A Reduced Inventory: N/A N/A None:

Other Changes Introduced: Investigation and added controls

### Chemicals in Accident History

Quantity Released (lbs): 4800 Percent Weight: 99

Chemical Name: Ammonia (anhydrous)

CAS Number: 7664-41-7 Flammable/Toxic: Toxic

EPA Facility Identifier: 1000 0017 3616 Plan Sequence Number: 1000048297

## **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?):

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**

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

Fremont County EMA

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

(712) 374-3355