EPA Facility Identifier: 1000 0001 1989 Plan Sequence Number: 1000088906

## **Section 1. Registration Information**

#### Source Identification

Facility Name: Dakota Agronomy Partners - Gardena Parent Company #1 Name: Dakota Agronomy Partners, LLC

Submission Type: Resubmission Receipt Date: July 2020

**Facility Identification** 

Facility ID: 1000 0001 1989

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 99 Main Avenue

 Street 2:
 N/A

 City:
 Gardena

 State:
 ND

 ZIP:
 58748

 ZIP4:
 N/A

 County:
 Bottineau

Facility Latitude and Longitude

Latitude (decimal): 48.70150 Longitude (decimal): -100.4971

Local Emergency Planning Committee and Regulations

LEPC: Bottineau County LEPC

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

EPA Facility Identifier: 1000 0001 1989 Plan Sequence Number: 1000088906

#### **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: May 2018
Time Accident Began (HH:MM): 07:30
NAICS Code of Process Involved: 42491

NAICS Description: Farm Supplies Merchant Wholesalers

Release Duration: 000 Hours 01 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: Yes 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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vveatner	Conditions	at the lim	ne of Event

Wind Speed: 10.0
Units: Miles/h
Direction: E
Temperature: 75
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: 0
Sheltered-in-Place: 0
Off-Site Property Damage (\$): 0

## **Environmental Damage**

Fish or Animal Kills:

Tree, Lawn, Shrub, or Crop Damage:

Water Contamination:

N/A

Soil Contamination:

Other Environmental Damage:

N/A

#### **Initiating Event**

Initiating Event: Human Error

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### **Contributing Factors**

N/A **Equipment Failure:** Human Error: Yes Improper Procedures: Yes 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: N/A

### Off-Site Responders Notified

Off-Site Responders Notified: Unknown

## Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: N/A N/A Revised Maintenance: Revised Training: Yes Revised Operating Procedures: Yes 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: N/A

## Chemicals in Accident History

Quantity Released (lbs): 5
Percent Weight: 99

Chemical Name: Ammonia (anhydrous)

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

EPA Facility Identifier: 1000 0001 1989 Plan Sequence Number: 1000088906

## **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?):

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**

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

Local Fire Department/First Respond

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

(000) 000-0911