

## Section 1. Registration Information

### Source Identification

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Facility Name:	Galaxy Gas Plant
Parent Company #1 Name:	N/A
Submission Type:	Resubmission
Receipt Date:	September 2023

### Facility Identification

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Facility ID:	1000 0023 6158
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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:	251 West Eldorado Rd
Street 2:	N/A
City:	Parker
State:	PA
ZIP:	16049
ZIP4:	N/A
County:	Butler

### Facility Latitude and Longitude

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Latitude (decimal):	41.0916
Longitude (decimal):	-79.7570

### Local Emergency Planning Committee and Regulations

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LEPC:	Butler 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:	Methane
CAS Number:	74-82-8
Flammable/Toxic:	Flammable

Program Level:	Program Level 3 process
Chemical Name:	Propane
CAS Number:	74-98-6
Flammable/Toxic:	Flammable

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

Chemical Name:	Ethane
CAS Number:	74-84-0
Flammable/Toxic:	Flammable

Chemical Name:	Propane
CAS Number:	74-98-6
Flammable/Toxic:	Flammable

Chemical Name:	Butane
CAS Number:	106-97-8
Flammable/Toxic:	Flammable

Chemical Name:	Pentane
CAS Number:	109-66-0
Flammable/Toxic:	Flammable

## Process NAICS

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NAICS Code:	21113
NAICS Description:	Natural Gas Extraction

## Section 6. Accident History

### Accident History ID: Accident 1

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Date of Accident:	December 2021
Time Accident Began (HH:MM):	09:00
NAICS Code of Process Involved:	21111
NAICS Description:	Oil and Gas Extraction
Release Duration:	001 Hours 50 Minutes

### Release Event

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Gas Release:	Yes
Liquid Spill/Evaporation:	N/A
Fire:	Yes
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:	12.0
Units:	Miles/h
Direction:	NNE
Temperature:	30
Atmospheric Stability Class:	D
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 (\$):	750000

## 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:	Human Error
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## Contributing Factors

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Equipment Failure:	Yes
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:	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:	Notified and Responded
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## Changes Introduced as a Result of the Accident

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

## Chemicals in Accident History

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Quantity Released (lbs):	1900
Percent Weight:	N/A
Chemical Name:	Methane
CAS Number:	74-82-8
Flammable/Toxic:	Flammable

## 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?):	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):	Butler County Emergency Services
Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated):	(724) 284-5211