Section 1. Registration Information

Source Identification

Facility Name: TOWN BRANCH WWTP

Parent Company #1 Name: LEXINGTON-FAYETTE URBAN

COUNTY GOVERNMENT

Submission Type: Resubmission
Receipt Date: October 2023

Facility Identification

Facility ID: 1000 0010 0623

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: 618239958

Facility Location Address

Street 1: 301 Jimmie Campbell Drive

Street 2: N/A

City: LEXINGTON

 State:
 KY

 ZIP:
 40504

 ZIP4:
 N/A

 County:
 Fayette

Facility Latitude and Longitude

Latitude (decimal): 38.063796 Longitude (decimal): -084.533402

Local Emergency Planning Committee and Regulations

LEPC: Fayette LEPC

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

Process Chemicals

Program Level: Program Level 3 process

Chemical Name: Chlorine
CAS Number: 7782-50-5
Flammable/Toxic: Toxic

Program Level: Program Level 3 process
Chemical Name: Sulfur dioxide (anhydrous)

CAS Number: 7446-09-5 Flammable/Toxic: Toxic

Process NAICS

NAICS Code: 22132

NAICS Description: Sewage Treatment Facilities

Section 6. Accident History

Accident History ID: Accident 1

Date of Accident: November 2022

Time Accident Began (HH:MM): 07:15
NAICS Code of Process Involved: 22132

NAICS Description: Sewage Treatment Facilities
Release Duration: 000 Hours 05 Minutes

Release Event

Gas Release:YesLiquid Spill/Evaporation:N/AFire:N/AExplosion:N/AUncontrolled/Runaway Reaction:N/A

Release Source

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

Weather Conditions at the Time of Event

Wind Speed: 5.0
Units: Miles/h
Direction: NE
Temperature: 45
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: 1
Public Deaths: 0
Other Medical Treatments: 0
Evacuated: 0
Sheltered-in-Place: 0
Off-Site Property Damage (\$): 0

Facility Name: TOWN BRANCH WWTP

EPA Facility Identifier: 1000 0010 0623 Plan Sequence Number: 1000107563

Environmental Damage

Fish or Animal Kills:

Tree, Lawn, Shrub, or Crop Damage:

Water Contamination:

N/A

Soil Contamination:

N/A

Other Environmental Damage:

N/A

Initiating Event

Initiating Event: Equipment Failure

Contributing Factors

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 N/A Unsuitable Equipment: **Unusual Weather Condition:** N/A Management Error: N/A

Other Contributing Factor: Debris/Rust in line caused regulator to

not seat properly

Off-Site Responders Notified

Off-Site Responders Notified: No, not notified

Facility Name: TOWN BRANCH WWTP

EPA Facility Identifier: 1000 0010 0623 Plan Sequence Number: 1000107563

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 N/A Changed Process: Reduced Inventory: N/A None: N/A Other Changes Introduced: N/A

Chemicals in Accident History

Quantity Released (lbs):10Percent Weight:100Chemical Name:ChlorineCAS Number:7782-50-5Flammable/Toxic:Toxic

Section 9. Emergency Response

Written Emergency Response (ER) Plan

Community Plan (Is facility included in written community emergency response plan?):

Facility Plan (Does facility have its own written emergency response plan?):

Response Actions (Does ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?):

Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?):

Healthcare (Does facility's ER plan include information on emergency health care?):

Yes

Yes

Yes

Yes

Yes

Local Agency

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

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

Lexington Fire department - 911LEPC

(859) 231-5600