# **Section 1. Registration Information**

#### Source Identification

Facility Name: Prairieland FS, Inc. LaBelle

Parent Company #1 Name: Prairieland FS, Inc.
Submission Type: Resubmission
Receipt Date: May 2024

**Facility Identification** 

Facility ID: 1000 0022 7756

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 20450 State Highway DD

 Street 2:
 N/A

 City:
 LaBelle

 State:
 MO

 ZIP:
 63447

 ZIP4:
 N/A

 County:
 Lewis

Facility Latitude and Longitude

Latitude (decimal): 40.100629 Longitude (decimal): -91.866273

Local Emergency Planning Committee and Regulations

LEPC: Lewis County LEPC

 OSHA PSM:
 N/A

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

#### **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: March 2021
Time Accident Began (HH:MM): 09:15
NAICS Code of Process Involved: 42491

NAICS Description: Farm Supplies Merchant Wholesalers

Release Duration: 000 Hours 01 Minutes

### Release Event

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

### Release Source

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

# Weather Conditions at the Time of Event

Wind Speed: 16.0
Units: Miles/h
Direction: S
Temperature: 60
Atmospheric Stability Class: N/A
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:

N/A

Other Environmental Damage:

N/A

### **Initiating Event**

Initiating Event: Human Error

**Contributing Factors** 

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

Off-Site Responders Notified

Off-Site Responders Notified: No, not notified

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 Yes None: Other Changes Introduced: N/A

Chemicals in Accident History

Quantity Released (lbs): 1 Percent Weight:

Chemical Name: Ammonia (anhydrous)

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

# **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):

Lewis County LEPC

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

(573) 209-3293