Section 1. Registration Information

Source Identification

Facility Name: CHS, Inc.-West Fargo

Parent Company #1 Name:

Submission Type:

Receipt Date:

Status:

Deregistration Effective Date:

CHS, Inc.

Resubmission

June 2009

Deregistered

July 2013

Facility Identification

Facility ID: 1000 0006 1425

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: 6147177

Facility Location Address

Street 1: 12 Ave. N & Center St.

Street 2: N/A
City: West Fargo
State: ND

 ZIP:
 58078

 ZIP4:
 0367

 County:
 Cass

Facility Latitude and Longitude

Latitude (decimal): 46.941667 Longitude (decimal): -096.896667

Local Emergency Planning Committee and Regulations

LEPC: Cass 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: September 2007

Time Accident Began (HH:MM): 15:30
NAICS Code of Process Involved: 42491

NAICS Description: Farm Supplies Merchant Wholesalers

Release Duration: 000 Hours 09 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

Wind Speed:		N/A	
Units:		N/A N/A N/A	
Direction	:		
Tempera	ture:		
Atmosph	eric Stability Class:	N/A	
Precipita	tion Present:	N/A	
Unknowr	Weather Conditions:	Yes	
n-Site Impacts			
	e or Contractor Deaths:	0	
	esponder Deaths:	0	
Public De		0	
	e or Contractor Injuries:	1	
	esponder Injuries:	0	
Public In		0	
On-Site I	Property Damage (\$):	0	
Known Off-Site	mpacts		
Deaths:		0	
Hospitali	zations:	0	
Public De	eaths:	0	
	edical Treatments:	1	
Other Me			
Other Me Evacuate	ed:	0	
Evacuate	ed: d-in-Place:	0 0	
Evacuate Sheltere			
Evacuate Sheltere	d-in-Place: Property Damage (\$):	0	
Evacuate Sheltered Off-Site I	d-in-Place: Property Damage (\$):	0	
Evacuate Sheltered Off-Site I Environmental D Fish or A	d-in-Place: Property Damage (\$): Damage	0 0	
Evacuate Sheltered Off-Site I Environmental E Fish or A Tree, Lav	d-in-Place: Property Damage (\$): Damage nimal Kills:	0 0 N/A	
Evacuate Sheltered Off-Site I Environmental E Fish or A Tree, Law Water Co	d-in-Place: Property Damage (\$): Damage nimal Kills: wn, Shrub, or Crop Damage:	0 0 N/A N/A	

Human Error

Initiating Event

Initiating Event:

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: Attempted theft of NH3.

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

Chemicals in Accident History

Quantity Released (lbs): 1000
Percent Weight: 99

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):

Cass County LEPC

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

(701) 241-5858