Facility Name: Okeechobee Utility Authority SWTP

EPA Facility Identifier: 1000 0016 2815 Plan Sequence Number: 17873

## **Section 1. Registration Information**

#### Source Identification

Facility Name: Okeechobee Utility Authority SWTP

Parent Company #1 Name: N/A

Submission Type: First Time
Receipt Date: October 1999
Status: Deregistered
Deregistration Effective Date: January 2005

**Facility Identification** 

Facility ID: 1000 0016 2815

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 371 HWY. 78 WEST

Street 2: N/A

City: OKEECHOBEE

 State:
 FL

 ZIP:
 34974

 ZIP4:
 0835

County: Okeechobee

Facility Latitude and Longitude

Latitude (decimal): 28.196667 Longitude (decimal): 80.831667

Local Emergency Planning Committee and Regulations

LEPC: District 7 LEPC

 OSHA PSM:
 Yes

 EPCRA 302:
 N/A

 CAA Title V:
 N/A

Facility Name: Okeechobee Utility Authority SWTP

EPA Facility Identifier: 1000 0016 2815 Plan Sequence Number: 17873

#### **Process Chemicals**

Program Level: Program Level 2 process

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

Program Level: Program Level 2 process Chemical Name: Ammonia (anhydrous)

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

#### **Process NAICS**

NAICS Code: 22131

NAICS Description: Water Supply and Irrigation Systems

## **Section 6. Accident History**

No records found.

# **Section 9. Emergency Response**

### Written Emergency Response (ER) Plan

regulated substance(s)?):

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

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

Response Actions (Does ER plan Yes include specific actions to be taken in response to accidental releases of

Public Information (Does ER plan Yes include procedures for informing the public and local agencies responding to

accidental release?): Healthcare (Does facility's ER plan Yes

include information on emergency health care?):

EPA Facility Identifier: 1000 0016 2815 Plan Sequence Number: 17873

### 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):

ST.LUCIE COUNTY-FT.PIERCE FIRE DIS.

(561) 462-2300