EPA Facility Identifier: 1000 0005 9054 Plan Sequence Number: 1000097363

# **Section 1. Registration Information**

Source Identification

Facility Name: Five Star Cooperative - Mason City

Parent Company #1 Name: N/A

Submission Type: Resubmission
Receipt Date: December 2021

**Facility Identification** 

Facility ID: 1000 0005 9054

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 16682 (A) 245th Street

Street 2: N/A

City: Mason City
State: IA

ZIP: 50401 ZIP4: N/A

County: Cerro Gordo

Facility Latitude and Longitude

Latitude (decimal): 43.120786 Longitude (decimal): -093.187501

Local Emergency Planning Committee and Regulations

LEPC: Cerro Gordo EMA

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

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#### **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: April 2022
Time Accident Began (HH:MM): 06:30
NAICS Code of Process Involved: 42491

NAICS Description: Farm Supplies Merchant Wholesalers

Nurse Tank

Release Duration: 048 Hours 00 Minutes

## Release Event

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

## Release Source

 Storage Vessel:
 Yes

 Piping:
 N/A

 Process Vessel:
 N/A

 Transfer Hose:
 N/A

 Valve:
 N/A

 Pump:
 N/A

 Joint:
 Yes

Other Release Source:

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## Weather Conditions at the Time of Event

Wind Speed: 111.0
Units: Miles/h
Direction: W
Temperature: 38
Atmospheric Stability Class: A
Precipitation Present: Yes
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:

Soil Contamination:

Other Environmental Damage:

N/A

## **Initiating Event**

Initiating Event:

Natural(Weather Conditions Earthquake)

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## **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:** Yes Management Error: N/A Other Contributing Factor: N/A

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

## Chemicals in Accident History

Quantity Released (lbs): 9328
Percent Weight: 99

Chemical Name: Ammonia (anhydrous)

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

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## Accident History ID: Accident 2

Date of Accident: April 2019
Time Accident Began (HH:MM): 09:26
NAICS Code of Process Involved: 42491

NAICS Description: Farm Supplies Merchant Wholesalers

Release Duration: 005 Hours 14 Minutes

#### Release Event

Gas Release: Yes
Liquid Spill/Evaporation: N/A
Fire: N/A
Explosion: N/A
Uncontrolled/Runaway Reaction: N/A

## Release Source

Storage Vessel: Yes 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: 14.0
Units: Miles/h
Direction: W
Temperature: 64
Atmospheric Stability Class: F
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 (\$):

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## **Known Off-Site Impacts**

Deaths: 0
Hospitalizations: 0
Public Deaths: 0
Other Medical Treatments: 0
Evacuated: 47
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**

N/A **Equipment Failure:** Human Error: Yes Improper Procedures: Yes 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: Damage caused by extended applicator

boom

## Off-Site Responders Notified

Off-Site Responders Notified:

Notified and Responded

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## Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: N/A 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: Reminder to applicator employees to

retract booms prior to traveling through

facility

## Chemicals in Accident History

Quantity Released (lbs): 29400 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?):

Facility Plan (Does facility have its own N/A

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?):

N/A

Yes

N/A

N/A

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## 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):

Cerro Gordo Emergency Mgmt Agency

(641) 421-3665