

## Section 1. Registration Information

### Source Identification

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|                                |  |
|--------------------------------|--|
| Facility Name:                 | HOUSTON CHEMICAL<br>DISTRIBUTORS, L.L.C. |
| Parent Company #1 Name:        | D.B. WESTERN, INC.                       |
| Submission Type:               | First Time                               |
| Receipt Date:                  | June 1999                                |
| Status:                        | Deregistered                             |
| Deregistration Effective Date: | January 2000                             |

### Facility Identification

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|              |                |
|--------------|----------------|
| Facility ID: | 1000 0002 2922 |
|--------------|----------------|

### Dun and Bradstreet Numbers (DUNS)

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|                |     |
|----------------|-----|
| Facility DUNS: | N/A |
|----------------|-----|

### Facility Location Address

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|           |             |
|-----------|-------------|
| Street 1: | 18501 HWY 6 |
| Street 2: | N/A         |
| City:     | ALGOA       |
| State:    | TX          |
| ZIP:      | 77511       |
| ZIP4:     | 8453        |
| County:   | Galveston   |

### Facility Latitude and Longitude

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|                      |           |
|----------------------|-----------|
| Latitude (decimal):  | 29.666639 |
| Longitude (decimal): | 95.334556 |

### Local Emergency Planning Committee and Regulations

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|              |                       |
|--------------|-----------------------|
| LEPC:        | Galveston County LEPC |
| OSHA PSM:    | N/A                   |
| EPCRA 302:   | N/A                   |
| CAA Title V: | N/A                   |

## Process Chemicals

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|                  |                               |
|------------------|-------------------------------|
| Program Level:   | Program Level 3 process       |
| Chemical Name:   | Ammonia (anhydrous)           |
| CAS Number:      | 7664-41-7                     |
| Flammable/Toxic: | Toxic                         |
| Program Level:   | Program Level 3 process       |
| Chemical Name:   | Ammonia (conc 20% or greater) |
| CAS Number:      | 7664-41-7                     |
| Flammable/Toxic: | Toxic                         |

## Process NAICS

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|                    |  |
|--------------------|--|
| NAICS Code:        | 32518  |
| NAICS Description: | Other Basic Inorganic Chemical Manufacturing |

## Section 6. Accident History

### Accident History ID: Accident 1

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|                                 |  |
|---------------------------------|--|
| Date of Accident:               | December 1997                                |
| Time Accident Began (HH:MM):    | 22:00  |
| NAICS Code of Process Involved: | 32518  |
| NAICS Description:              | Other Basic Inorganic Chemical Manufacturing |
| Release Duration:               | 004 Hours 00 Minutes                         |

## Release Event

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

## Release Source

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

## Weather Conditions at the Time of Event

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|                              |               |
|------------------------------|---------------|
| Wind Speed:                  | N/A           |
| Units:                       | Meters/second |
| Direction:                   | N/A           |
| Temperature:                 | N/A           |
| Atmospheric Stability Class: | N/A           |
| Precipitation Present:       | N/A           |
| Unknown Weather Conditions:  | Yes           |

## On-Site Impacts

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|                                  |   |
|----------------------------------|---|
| Employee or Contractor Deaths:   | 0 |
| Public Responder Deaths:         | 0 |
| Public Deaths:                   | 0 |
| Employee or Contractor Injuries: | 0 |
| Public Responder Injuries:       | 0 |
| Public Injuries:                 | 0 |
| On-Site Property Damage (\$):    | 0 |

## Known Off-Site Impacts

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|                                |   |
|--------------------------------|---|
| Deaths:                        | 0 |
| Hospitalizations:              | 0 |
| Public Deaths:                 | 0 |
| Other Medical Treatments:      | 0 |
| Evacuated:                     | 0 |
| Sheltered-in-Place:            | 0 |
| Off-Site Property Damage (\$): | 0 |

## Environmental Damage

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|                                    |     |
|------------------------------------|-----|
| Fish or Animal Kills:              | N/A |
| Tree, Lawn, Shrub, or Crop Damage: | N/A |
| Water Contamination:               | N/A |
| Soil Contamination:                | N/A |
| Other Environmental Damage:        | N/A |

## Initiating Event

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|                   |             |
|-------------------|-------------|
| Initiating Event: | Human Error |
|-------------------|-------------|

## Contributing Factors

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|                                  |     |
|----------------------------------|-----|
| Equipment Failure:               | N/A |
| Human Error:                     | Yes |
| 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 |
| Unsuitable Equipment:            | N/A |
| Unusual Weather Condition:       | N/A |
| Management Error:                | N/A |
| Other Contributing Factor:       | N/A |

## Off-Site Responders Notified

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|                               |                        |
|-------------------------------|------------------------|
| Off-Site Responders Notified: | Notified and Responded |
|-------------------------------|------------------------|

## Changes Introduced as a Result of the Accident

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|                                  |     |
|----------------------------------|-----|
| Improved or Upgraded Equipment:  | N/A |
| Revised Maintenance:             | N/A |
| Revised Training:                | Yes |
| Revised Operating Procedures:    | Yes |
| New Process Controls:            | N/A |
| New Mitigation Systems:          | N/A |
| Revised Emergency Response Plan: | N/A |
| Changed Process:                 | N/A |
| Reduced Inventory:               | N/A |
| None:                            | N/A |
| Other Changes Introduced:        | N/A |

## Chemicals in Accident History

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|                          |                               |
|--------------------------|-------------------------------|
| Quantity Released (lbs): | 700                           |
| Percent Weight:          | 7.5                           |
| Chemical Name:           | Ammonia (conc 20% or greater) |
| CAS Number:              | 7664-41-7                     |
| Flammable/Toxic:         | Toxic                         |

## Accident History ID: Accident 2

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|                                 |  |
|---------------------------------|--|
| Date of Accident:               | May 1997   |
| Time Accident Began (HH:MM):    | 14:00  |
| NAICS Code of Process Involved: | 325188   |
| NAICS Description:              | All Other Basic Inorganic Chemical Manufacturing |
| Release Duration:               | 003 Hours 00 Minutes                             |

## Release Event

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

## Release Source

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

## Weather Conditions at the Time of Event

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|                              |               |
|------------------------------|---------------|
| Wind Speed:                  | N/A           |
| Units:                       | Meters/second |
| Direction:                   | N/A           |
| Temperature:                 | N/A           |
| Atmospheric Stability Class: | N/A           |
| Precipitation Present:       | N/A           |
| Unknown Weather Conditions:  | Yes           |

## On-Site Impacts

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|                                  |   |
|----------------------------------|---|
| Employee or Contractor Deaths:   | 0 |
| Public Responder Deaths:         | 0 |
| Public Deaths:                   | 0 |
| Employee or Contractor Injuries: | 0 |
| Public Responder Injuries:       | 0 |
| Public Injuries:                 | 0 |
| On-Site Property Damage (\$):    | 0 |

## Known Off-Site Impacts

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|                                |   |
|--------------------------------|---|
| Deaths:                        | 0 |
| Hospitalizations:              | 0 |
| Public Deaths:                 | 0 |
| Other Medical Treatments:      | 0 |
| Evacuated:                     | 0 |
| Sheltered-in-Place:            | 0 |
| Off-Site Property Damage (\$): | 0 |

## Environmental Damage

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|                                    |     |
|------------------------------------|-----|
| Fish or Animal Kills:              | N/A |
| Tree, Lawn, Shrub, or Crop Damage: | N/A |
| Water Contamination:               | N/A |
| Soil Contamination:                | N/A |
| Other Environmental Damage:        | N/A |

## Initiating Event

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|                   |         |
|-------------------|---------|
| Initiating Event: | Unknown |
|-------------------|---------|

## Contributing Factors

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|                                  |     |
|----------------------------------|-----|
| Equipment Failure:               | N/A |
| Human Error:                     | N/A |
| 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:       | N/A |

## Off-Site Responders Notified

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|                               |                  |
|-------------------------------|------------------|
| Off-Site Responders Notified: | No, not notified |
|-------------------------------|------------------|

## Changes Introduced as a Result of the Accident

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|                                  |     |
|----------------------------------|-----|
| Improved or Upgraded Equipment:  | Yes |
| Revised Maintenance:             | N/A |
| Revised Training:                | N/A |
| Revised Operating Procedures:    | Yes |
| New Process Controls:            | N/A |
| New Mitigation Systems:          | N/A |
| Revised Emergency Response Plan: | N/A |
| Changed Process:                 | N/A |
| Reduced Inventory:               | N/A |
| None:                            | N/A |
| Other Changes Introduced:        | N/A |

## Chemicals in Accident History

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|                          |                               |
|--------------------------|-------------------------------|
| Quantity Released (lbs): | 500                           |
| Percent Weight:          | 7.5                           |
| Chemical Name:           | Ammonia (conc 20% or greater) |
| CAS Number:              | 7664-41-7                     |
| Flammable/Toxic:         | Toxic                         |

## Section 9. Emergency Response

### Written Emergency Response (ER) Plan

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|   |     |
|---|-----|
| Community Plan (Is facility included in written community emergency response plan?):  | N/A |
| 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

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|  |                                    |
|--|------------------------------------|
| Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated):                 | Local Emergency Planning Committee |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (281) 534-2531                     |