

Section 1. Registration Information

Source Identification

| | |
|-------------------------|--------------------------------------|
| Facility Name: | Mansfield Wastewater Treatment Plant |
| Parent Company #1 Name: | N/A |
| Submission Type: | Resubmission |
| Receipt Date: | August 2023 |

Facility Identification

| | |
|--------------|----------------|
| Facility ID: | 1000 0010 4031 |
|--------------|----------------|

Dun and Bradstreet Numbers (DUNS)

| | |
|----------------|-----------|
| Facility DUNS: | 832624936 |
|----------------|-----------|

Facility Location Address

| | |
|-----------|-------------------------|
| Street 1: | 385 South Illinois Ave. |
| Street 2: | N/A |
| City: | Mansfield |
| State: | OH |
| ZIP: | 44905 |
| ZIP4: | N/A |
| County: | Richland |

Facility Latitude and Longitude

| | |
|----------------------|-------------|
| Latitude (decimal): | 40.747135 |
| Longitude (decimal): | -082.480840 |

Local Emergency Planning Committee and Regulations

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

Process Chemicals

| | |
|------------------|-------------------------|
| Program Level: | Program Level 3 process |
| Chemical Name: | Chlorine |
| CAS Number: | 7782-50-5 |
| Flammable/Toxic: | Toxic |

Process NAICS

| | |
|--------------------|-----------------------------|
| NAICS Code: | 22132 |
| NAICS Description: | Sewage Treatment Facilities |

Section 6. Accident History

Accident History ID: Accident 1

| | |
|---------------------------------|-----------------------------|
| Date of Accident: | June 2019 |
| Time Accident Began (HH:MM): | 09:45 |
| NAICS Code of Process Involved: | 22132 |
| NAICS Description: | Sewage Treatment Facilities |
| Release Duration: | 000 Hours 01 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: | N/A |
| Piping: | N/A |
| Process Vessel: | N/A |
| Transfer Hose: | N/A |
| Valve: | N/A |
| Pump: | N/A |
| Joint: | Yes |
| Other Release Source: | N/A |

Weather Conditions at the Time of Event

| | |
|------------------------------|---------|
| Wind Speed: | 12.0 |
| Units: | Miles/h |
| Direction: | NE |
| Temperature: | 75 |
| Atmospheric Stability Class: | N/A |
| Precipitation Present: | N/A |
| Unknown Weather Conditions: | N/A |

On-Site Impacts

| | |
|----------------------------------|---|
| Employee or Contractor Deaths: | 0 |
| Public Responder Deaths: | 0 |
| Public Deaths: | 0 |
| Employee or Contractor Injuries: | 1 |
| Public Responder Injuries: | 0 |
| Public Injuries: | 0 |
| On-Site Property Damage (\$): | 0 |

Known Off-Site Impacts

| | |
|--------------------------------|---|
| Deaths: | 0 |
| Hospitalizations: | 1 |
| Public Deaths: | 0 |
| Other Medical Treatments: | 0 |
| Evacuated: | 0 |
| Sheltered-in-Place: | 0 |
| Off-Site Property Damage (\$): | 0 |

Environmental Damage

| | |
|------------------------------------|-----|
| 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

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

Contributing Factors

| | |
|----------------------------------|-----|
| Equipment Failure: | N/A |
| 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: | 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 |
| 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: | Yes |
| Reduced Inventory: | N/A |
| None: | N/A |
| Other Changes Introduced: | N/A |

Chemicals in Accident History

| | |
|--------------------------|-----------|
| Quantity Released (lbs): | 1 |
| Percent Weight: | 1 |
| Chemical Name: | Chlorine |
| CAS Number: | 7782-50-5 |
| 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?): | 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): | Mansfield Fire Department |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (419) 524-2424 |