



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 7  
11201 RENNER BOULEVARD  
LENEXA, KANSAS 66219

UNITED STATES  
ENVIRONMENTAL PROTECTION  
AGENCY-REGION 7  
2013 JAN 10 PM 3: 24

**EXPEDITED SETTLEMENT AGREEMENT (ESA)**

**DOCKET NO.:** CAA-07-2013-0011

**This ESA is issued to:** Consumers Cooperative Society

**At:** 3000 Heartland Drive, Coralville, Iowa 52241

**for violating Section 112(r)(7) of the Clean Air Act.**

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The United States Environmental Protection Agency, Region 7 (EPA) and Consumers Cooperative Society (Respondent), have agreed to a settlement of this action before filing of a complaint, and thus this action is simultaneously commenced and concluded pursuant to Rules 22.13(b) and 22.18(B)(2) of the Consolidated Rules of Practice Governing the Administrative Assessment of Civil Penalties, Issuance of Compliance or Corrective Action Orders, and the Revocation, Termination or Suspension of Permits (Consolidated Rules), 40 C.F.R. §§ 22.13(b), 22.18(b)(2).

The Complainant, by delegation of the Administrator of the EPA, is the Director of the Air and Waste Management Division. The Respondent is Consumers Cooperative Society, 3000 Heartland Drive, Coralville, Iowa 52241.

This is an administrative action for the assessment of civil penalties instituted pursuant to Section 113(d) of the Clean Air Act (CAA). Pursuant to Section 113(d) of the CAA, 42 U.S.C. § 7413(d), the Administrator and the Attorney General jointly determined that cases which meet the criteria set forth in EPA's policy entitled "Use of Expedited Settlements in Addressing Violations of the Clean Air Act Chemical Accident Prevention Provision, 40 C.F.R. Part 68," dated January 5, 2004, are appropriate for administrative penalty action.

**ALLEGED VIOLATIONS**

On August 16, 2012, an authorized representative of the EPA conducted a compliance inspection of the Respondent's facility located at 3000 Heartland Drive, Coralville, Iowa, to determine compliance with the Risk Management Plan (RMP) regulations promulgated at 40 C.F.R. Part 68 under Section 112(r) of the CAA. The EPA found that the Respondent had violated regulations implementing Section 112(r) of the CAA by failing to comply with the regulations as noted on the enclosed Risk Management Program Inspection Findings (RMP Findings), which is hereby incorporated by reference.

**SETTLEMENT**

In consideration of Respondent's size of business, its full compliance history, its good faith effort to comply, and other factors as justice may require, and upon consideration of the



entire record, the parties enter into the ESA in order to settle the violations, described in the enclosed RMP Findings, for the total penalty amount of **\$5,000**.

This settlement is subject to the following terms and conditions:

The Respondent by signing below waives any objections that it may have regarding jurisdiction, neither admits nor denies the specific factual allegations contained herein and in the RMP Findings, and consents to the assessment of the penalty as stated above. Respondent waives its rights to a hearing afforded by Section 113(d)(2)(A) of the CAA, 42 U.S.C. § 7413(d)(2)(A), and to appeal this ESA. Each party to this action shall bear its own costs and fees, if any. Respondent also certifies, subject to civil and criminal penalties for making a false submission to the United States Government, that the Respondent has corrected the violations listed in the enclosed RMP Findings and has sent a cashier's check or certified check (payable to the "United States Treasury") in the amount of **\$5,000** in payment of the full penalty amount to the following address:

U.S. Environmental Protection Agency  
Fines and Penalties  
Cincinnati Finance Center  
P.O. Box 979077  
St. Louis, Missouri 63197-9000

The Docket Number of this ESA is CAA-07-2013-0011, and must be included on the check.

This original ESA, a copy of the completed RMP Findings, and a copy of the check must be sent by certified mail to:

Deanna Smith  
Office of Regional Counsel  
U.S. Environmental Protection Agency, Region 7  
11201 Renner Boulevard  
Lenexa, Kansas 66219.

A copy of the check must also be sent to:

Kathy M. Robinson  
Regional Hearing Clerk  
U.S. Environmental Protection Agency, Region 7  
11201 Renner Boulevard  
Lenexa, Kansas 66219.

Upon Respondent's submission of the signed original ESA, the EPA will take no further civil action against Respondent for the alleged violations of the CAA referenced in the RMP



Findings. The EPA does not waive any other enforcement action for any other violations of the CAA or any other statute.

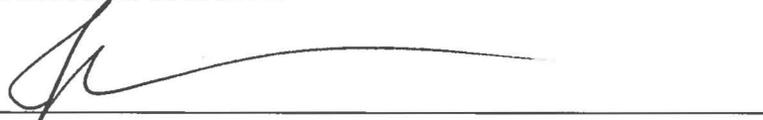
If the signed original ESA with an attached copy of the check is not returned to the EPA Region 7 office at the above address in correct form by the Respondent within 45 days of the date of Respondent's receipt of it (90 days if an extension is granted), the proposed ESA is withdrawn, without prejudice to EPA's ability to file an enforcement action for the violations identified herein and in the RMP Findings.

This ESA is binding on the parties signing below.

This ESA is effective upon filing with the Regional Hearing Clerk.



FOR RESPONDENT:



Date: 3-1-2013

Name (print): Jessica M Cabalka

Title (print): Safety Director  
Consumers Cooperative Society



FOR COMPLAINANT:



Becky Weber  
Director  
Air and Waste Management Division  
EPA Region 7

Date: 3/13/13



Kristen Nazar  
Assistant Regional Counsel  
Office of Regional Counsel  
EPA Region 7

Date: 3/7/13



I hereby ratify the ESA and incorporate it herein by reference. It is so ORDERED.

Karina Borrromeo

Karina Borrromeo  
Regional Judicial Officer

Date: March 18, 2013



Risk Management Program Inspection Findings  
CAA § 112(r) Violations

Consumers Cooperative Society  
3000 Heartland Drive  
Coralville, IA 52241

Docket No. CAA-07-2013-0011

Defining Offsite Impacts-Population [§ 68.30 (a)]

**Addressed:** Latitude and longitude coordinates corrected in RMP. Latitude = 41.69520 and Longitude = -91.61972. A printout of the iTouchMap.com image for these coordinates is included (see Attachment I). This image shows our Anhydrous Facility at 3000 Heartland Drive.

Compliance Audits [§ 68.58 (a)]

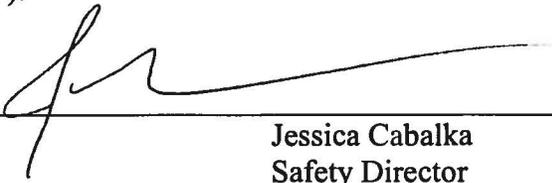
**Addressed:** August 8, 2012 Compliance Audit reviewed and certified by Jeff Vogel. A copy of the certified audit is included (see Attachment II).

Incident Investigation [§ 68.60 (e)]

**Addressed:** Details of the incident were reviewed with all affected employees. The circumstances surrounding the release as well as Consumers Cooperative's policy on Anhydrous Facility Maintenance procedures were reviewed and all attending employees were required to sign-in to the meeting. A copy of the sign-in sheet is included (see Attachment III).

Update [§ 68.190 (b)(1)]

**Addressed:** A review of Consumers Cooperative Society RMP Submissions was performed and it was discovered that the 2009 RMP was submitted on 4/21/2009 (Certified Mail receipt dated 4/28/2009) with the incorrect EPA identifier of **1000 0013 4687**. An updated RMP was submitted on 6/21/2009 (Certified Mail receipt dated 6/23/2009), again with the incorrect EPA identifier of **1000 0013 4687**. This was corrected prior to the 2011 RMP submission (Certified Mail receipt dated 1/18/2011). The corrected EPA identifier is **1000 0013 0351**. A copy of the certified mail receipts for both 2009 and the 2011 RMP submissions is included (see Attachment IV) as well as the 6/21/2009 RMP Submission with the incorrect EPA identifier (see Attachment V).

  
\_\_\_\_\_  
Jessica Cabalka  
Safety Director

3-1-2013  
\_\_\_\_\_  
Date



Risk Management Program Inspection Findings  
CAA § 112(r) Violations

Consumers Cooperative Society  
3000 Heartland Drive  
Coralville, Iowa 52241  
Docket No. CAA-07-2013-0011

**COMPLETE THIS FORM AND RETURN IT WITH THE ESA.**

**VIOLATIONS**

**PENALTY AMOUNT**

Hazard Assessment

Defining Offsite Impacts-Population [§ 68.30(a)]

\$600

The owner or operator failed to estimate in the RMP the population within a circle with its center at the point of the release and a radius determined by the distance to the endpoint defined in § 68.22(a).

*How was this addressed?*

See included printout.

Prevention Program

Compliance Audits [§ 68.58(a)]

\$1,200

The owner or operator failed to certify that they have evaluated compliance with the provisions of this subpart at least every three years to verify that the procedures and practices developed under the rule are adequate and are being followed.

*How was this addressed?*

See included printout.

Prevention Program

Incident Investigation [§ 68.60(e)]

\$1,200

The owner or operator failed to review the findings with all affected personnel whose job tasks are affected by the findings. Specifically, the June 11, 2009, incident.



**VIOLATIONS**

**PENALTY AMOUNT**

*How was this addressed?*

See included printout  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Risk Management Plan

Update [§ 68.190(b)(1)]

\$2,000

The owner or operator failed to review and update the Risk Management Plan and submit to the EPA within 5 years of the previously submitted Risk Management Plan.

*How was this addressed?*

See included printout.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Unadjusted Penalty

\$5,000

**Calculation of Adjusted Penalty**

Reference the multipliers for calculating proposed penalties for violations found during RMP inspection matrix. Finding the column for 10-100 employees and row for <10 times the threshold quantity of 10,000 pounds of anhydrous ammonia as listed in 40 C.F.R. Part 68.130 for the amount in a process gives a multiplier factor of 1.0. *Since the multiplier for Consumers Cooperative Society is 1.0, there is no adjusted penalty.*

**Total Penalty**

**\$5,000**

**This section must be also be completed and signed by Consumers Cooperative Society:**

The approximate cost to correct the above items: \$ 500.00

Compliance staff name: Jessica M Cabalka

Signed:  Date: 3-1-2013



# Attachment I

iTouchMap.com printout showing correct facility  
coordinates

Latitude = 41.69520

Longitude = -91.61972



 To find the latitude and longitude of a point **Click** on the map, **Drag** the marker, or enter the...  
**Address:**    
**Map Center:** [Get Address](#) - [Land Plat Size](#) - [Street View](#) - [Google Earth 3D](#) - [Area Photographs](#)  
 Try out the [Google Earth Plug-in](#). Google Earth gives you a 3D look of the area around the center of the map, which is usually your last click point, and includes latitude, longitude and elevation information.

AdChoices 

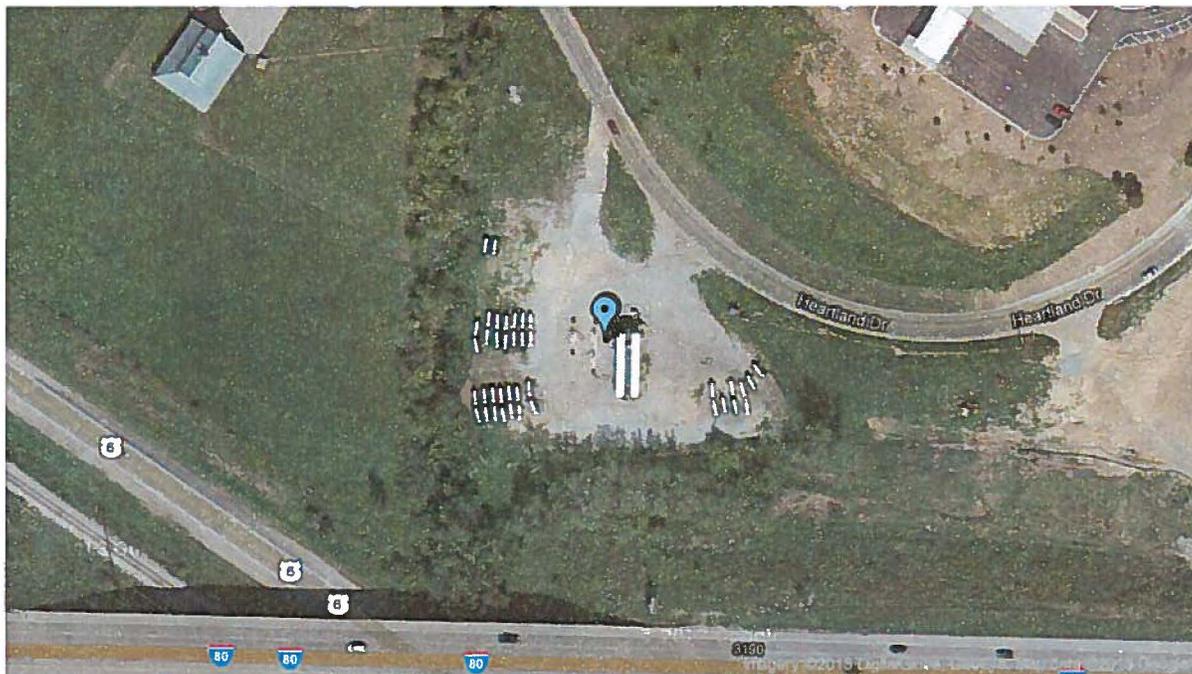
**The New Acer Chromebook**

[google.com/chrome...](http://google.com/chrome...)

Boots in seconds. Favorite apps built-in. For \$199.



### Latitude and Longitude of a Point



**Advance your GIS career**

[www.WorldCampus...](http://www.WorldCampus...)

Complete an online geospatial masters program with Penn State.



**Note:** Right click on a **blue marker** to remove it.

#### Get the Latitude and Longitude of a Point

When you click on the map, move the marker or enter an address the latitude and longitude coordinates of the point are inserted in the boxes below.

Latitude:

Longitude:

|            | Degrees              | Minutes              | Seconds              |
|------------|----------------------|----------------------|----------------------|
| Latitude:  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Longitude: | <input type="text"/> | <input type="text"/> | <input type="text"/> |

#### Show Point from Latitude and Longitude

Use this if you know the latitude and longitude coordinates of a point and want to see where on the map the point is.

**Use:** + for N Lat or E Long - for S Lat or W Long.

**Example:** +40.689060 -74.044636

**Note:** Your entry should not have any embedded spaces.

Decimal Deg. Latitude:

Decimal Deg. Longitude:

Example: +34 40 50.12 for 34N 40' 50.12"

|            | Degrees              | Minutes              | Seconds              |
|------------|----------------------|----------------------|----------------------|
| Latitude:  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Longitude: | <input type="text"/> | <input type="text"/> | <input type="text"/> |



# Attachment II

Signed compliance audit dated 8/8/2012



|                                   |                |                  |                                   |                     |
|-----------------------------------|----------------|------------------|-----------------------------------|---------------------|
| <b>Program 2 Compliance Audit</b> |                | <b>Date:</b>     | 8/8/2012                          | <b>Page:</b> 1 of 5 |
| <b>Facility:</b>                  | Coralville, IA | <b>Auditors:</b> | Jeff Vogel and Carla Wenger (RCI) |                     |

**GENERAL FACILITY INFORMATION**

|   |  |                             |                |
|---|--|-----------------------------|----------------|
| 1. Facility Name:   | Consumers Coop                               |                             |                |
| 2. Mailing Address (Street, City, State, Zip):                          | PO Box 1108<br>Iowa City, IA 52244           |                             |                |
| 3. Physical Address or Location Description (Street, City, State, Zip): | 3000 Heartland Drive<br>Coralville, IA 52241 |                             |                |
| 4. County:  | Johnson                                      | 5. EPA Facility Identifier: | 1000 0013 0351 |
| 6. Facility Contact:  | Randy Skriver                                | 7. Phone Number:            | 319-545-2012   |
| 8. E-mail (optional):   | rskriver@consumerscoop.net                   | 9. Website (optional):      |                |

**Subpart A GENERAL**

| Applicability   | Yes | No | Comment  |
|---|-----|----|--|
| 10. Is facility a stationary source with more than threshold quantity of a regulated substance in a process per 68.115? | X   |    | Indicate process, substance, and quantity for this audit/inspection: Farm supplies wholesale, anhydrous ammonia. |
| 11. Has facility had a release in the last 5 years with off-site exposure?  |     | X  |  |
| 12. Is the endpoint distance for a worst-case release less than the distance to a public receptor?                      |     | X  | Residence within endpoint distance.  |
| 13. Have emergency response procedures been coordinated with local planning and response organizations?                 | X   |    | Verified with LEPC/FD contact (name): Dave Wilson, Coordinator, Johnson Co. Emergency Mngmt                      |
| 14. Does facility have a listed NAICS code(s)?  | X   |    | 42491 Farm Supplies Wholesalers  |
| 15. Is facility subject to OSHA PSM?  |     | X  |  |

|   |   |                                    |  |
|---|---|------------------------------------|--|
| What is the program level for this process? (Note: If the process is P1 or P3, stop and complete the P1 or P3 checklist.) | Program 1 (P1)<br>YES to all questions except 11 and 15 in Subpart A. | Program 2 (P2)<br>Neither P1 or P3 | Program 3 (P3)<br>YES to at least questions 10, 12 and 15 or 11 and 15 in Subpart A. |
|---|---|------------------------------------|--|

**Subpart B - HAZARD ASSESSMENT**

|   | Yes | No | N/A | Comment  |
|---|-----|----|-----|--|
| 16. Were the parameters for off-site consequence analysis followed?   | X   |    |     |  |
| 17. Has the facility analyzed the worst-case scenario for each P2 process showing the greatest distance?                                  | X   |    |     |  |
| 18. Has the facility prepared at least one alternative release scenario for each regulated toxic substance held in a covered process?     | X   |    |     |  |
| 19. Has the facility prepared at least one alternative release scenario for all regulated flammable substances held in covered processes? |     |    | X   | No regulated flammable substances at facility. |
| 20. Has the facility reviewed and updated the off-site consequences analysis every 5 years or after an affective process change?          | X   |    |     |  |

|                                   |                |                  |                                   |                     |
|-----------------------------------|----------------|------------------|-----------------------------------|---------------------|
| <b>Program 2 Compliance Audit</b> |                | <b>Date:</b>     | 8/8/2012                          | <b>Page:</b> 2 of 5 |
| <b>Facility:</b>                  | Coralville, IA | <b>Auditors:</b> | Jeff Vogel and Carla Wenger (RCI) |                     |

|  |   |   |   |  |
|--|---|---|---|--|
| 21. Is the <u>documentation</u> (records) supporting off-site consequences complete and maintained as scenario descriptions, assumptions, quantities released, release rates, methodology, population affected, etc. | X |   |   |  |
| 22. Is the facility using <u>administrative controls</u> or <u>passive mitigation</u> to limit worst-case or alternative-case scenario release quantities or rates?  |   | X |   |  |
| 23. If used, are administrative controls or passive mitigation <u>documented and followed</u> ?  |   |   | X |  |
| 24. Has the facility included all necessary data for all accidental releases (if any) that resulted in on-site or off-site consequences in its 5-year history?   |   |   | X |  |

**Subpart C – PROGRAM 2 PREVENTION PROGRAM**

| <b>Safety Information</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Comment</b> |
|---|------------|-----------|------------|----------------|
| 25. Are there up-to-date MSDSs for all regulated substances in the process?   | X          |           |            |                |
| 26. Is there an <u>accurate maximum intended</u> inventory of equipment in which each regulated substance is stored or processed, including all containers? | X          |           |            |                |
| 27. Are safe upper and lower temperatures, pressures, flows, and compositions established for each process or procedure?                                    | X          |           |            |                |
| 28. Are process equipment specifications established?   | X          |           |            |                |
| 29. Are the codes and standards used to design, build, and operate the process <u>compiled and maintained</u> ?   | X          |           |            |                |
| 30. Are generally accepted and good engineering practices followed?   | X          |           |            |                |
| 31. Has the safety information been updated, if major changes made it inaccurate?   | X          |           |            |                |
| <b>Hazard Review</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Comment</b> |
| 32. Has the facility identified all hazards associated with the process?  | X          |           |            |                |
| 33. Is the process in accordance with all <u>applicable state and federal</u> rules and <u>industry standards</u> for design, fabrication, and operation?   | X          |           |            |                |
| 34. Are the results of the hazard review <u>documented</u> and identified problems <u>resolved</u> in a timely manner?                                      | X          |           |            |                |
| 35. Is the hazard review updated at least every 5 years or after a major change?  | X          |           |            |                |
| <b>Operating Procedures</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Comment</b> |
| 36. Are there written operating procedures for each covered process, including those involving contractors?   | X          |           |            |                |
| 37. Do these procedures provide <u>clear instructions</u> or steps for safely conducting activities in the covered process?                                 | X          |           |            |                |
| 38. Do the procedures include:  |            |           |            |                |

|                                   |                |                  |                                   |  |                     |
|-----------------------------------|----------------|------------------|-----------------------------------|--|---------------------|
| <b>Program 2 Compliance Audit</b> |                | <b>Date:</b>     | 8/8/2012                          |  | <b>Page: 3 of 5</b> |
| <b>Facility:</b>                  | Coralville, IA | <b>Auditors:</b> | Jeff Vogel and Carla Wenger (RCI) |  |                     |

|  |            |           |            |                |   |
|--|------------|-----------|------------|----------------|---|
| (1) Initial startup  | X          |           |            |                |   |
| (2) Normal operations  | X          |           |            |                |   |
| (3) Temporary operations   | X          |           |            |                | We do not operate under temporary conditions.   |
| (4) Emergency shutdown and operation   | X          |           |            |                |   |
| (5) Normal shutdown  | X          |           |            |                |   |
| (6) Startup following a shutdown or major change   | X          |           |            |                |   |
| (7) <u>Consequences of deviation</u> and steps to avoid deviation  | X          |           |            |                |   |
| (8) <u>Equipment inspections?</u>  | X          |           |            |                |   |
| 39. Are the operating procedures updated, if/after a major change has occurred?  | X          |           |            |                |   |
| <b>Training</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Comment</b> |   |
| 40. Has the facility <u>trained</u> or <u>tested competent</u> each employee involved in a covered process?  | X          |           |            |                | 8/7/08  |
| 41. Has the facility provided refresher training a minimum of <u>every 3 years</u> for each employee involved in a covered process?  | X          |           |            |                |   |
| 42. Is each employee involved in a covered process trained in <u>new procedures</u> prior to startup of a process after a major change?  | X          |           |            |                |   |
| <b>Maintenance</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Comment</b> |   |
| 43. Has the facility prepared and implemented procedures for ensuring mechanical integrity?  | X          |           |            |                |   |
| 44. Are <u>employees involved in maintenance trained</u> for process maintenance activities <u>including the hazards</u> of the process and how to avoid or correct unsafe conditions?   | X          |           |            |                |   |
| 45. Are <u>contractors</u> trained for maintenance activities?   |            |           | X          |                | Contractors do not work on storage vessels, piping or process equipment containing anhydrous ammonia. |
| 46. Are there <u>inspections and testing</u> on process equipment following good engineering practices at a frequency <u>consistent with manufacturer or industry</u> recommendations, codes, or standards and prior experience? | X          |           |            |                |   |
| <b>Compliance Audits</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Comment</b> |   |
| 47. Has the facility <u>certified</u> that they have evaluated compliance with Subpart C, at least once <u>every 3 years</u> by at least <u>1 person knowledgeable</u> of process?   | X          |           |            |                |   |
| 48. Did the facility document <u>audit findings, responses, and deficiency corrections</u> and retain the 2 most recent copies that are less than 5 years old?   | X          |           |            |                |   |
| <b>Incident Investigations</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Comment</b> |   |

|                                   |                |           |                                   |              |
|-----------------------------------|----------------|-----------|-----------------------------------|--------------|
| <b>Program 2 Compliance Audit</b> |                | Date:     | 8/8/2012                          | Page: 4 of 5 |
| Facility:                         | Coralville, IA | Auditors: | Jeff Vogel and Carla Wenger (RCI) |              |

|  |  |  |   |  |
|--|--|--|---|--|
| 49. Have incidents resulting in, or with the potential for, catastrophic releases been investigated, within 48 hours following the incident? |  |  | X |  |
| 50. Do the investigation findings include the incident <u>description, contributing factors, and recommendations</u> ?                       |  |  | X |  |
| 51. Are the investigation findings and recommendations <u>resolved</u> and <u>corrective actions documented</u> ?                            |  |  | X |  |
| 52. Are the investigation findings <u>reviewed with affected employees</u> and the summaries retained for 5 years?                           |  |  | X |  |

**Subpart E - EMERGENCY RESPONSE**

| Applicability  | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| 53. Does the facility rely on the LEPC/FD to respond to accidental releases of the regulated substance(s) and employees of this facility <u>WILL NOT</u> respond?                                | X   |    |     |         |
| 54. Does the facility have regulated <u>toxic</u> substances, and is it <u>included in the community emergency response plan</u> ?   | X   |    |     |         |
| 55. Does the facility have regulated <u>flammable</u> substances and has it <u>coordinated</u> response actions with the fire department?  |     |    | X   |         |
| 56. Does the facility have appropriate <u>mechanisms</u> in place to notify emergency responders when needed?  | X   |    |     |         |
| <b>Emergency Response Program</b><br>(If the response was YES or N/A to ALL of the above questions under Applicability, indicate N/A on questions 57 and 58 and skip to the Management section.) | Yes | No | N/A | Comment |
| 57. Does the facility has an emergency response <u>program</u> containing:   |     |    | X   |         |
| (1) An emergency response plan <u>at</u> the stationary source containing:   |     |    | X   |         |
| (i) Procedures for <u>notifying</u> the public and responders of a release,  |     |    | X   |         |
| (ii) Documentation of proper <u>first aid</u> and emergency medical treatment for accidental human exposure,   |     |    | X   |         |
| (iii) <u>Procedures</u> and measures for emergency response,   |     |    | X   |         |
| (2) Procedures for use of <u>ER equipment</u> ,  |     |    | X   |         |
| (3) Emergency response <u>training</u> for employees,  |     |    | X   |         |
| (4) <u>Procedures</u> for review and update of the ER plan?  |     |    | X   |         |
| 58. Has the ER plan been <u>coordinated</u> with the community emergency response plan?  |     |    | X   |         |

**Subpart A - GENERAL (continued)**

Note: The information from previous sections is required to answer the following questions.

|                                   |                |                  |                                   |                     |
|-----------------------------------|----------------|------------------|-----------------------------------|---------------------|
| <b>Program 2 Compliance Audit</b> |                | <b>Date:</b>     | 8/8/2012                          | <b>Page:</b> 5 of 5 |
| <b>Facility:</b>                  | Coraiville, IA | <b>Auditors:</b> | Jeff Vogel and Carla Wenger (RCI) |                     |

| Management  | Yes | No | N/A | Comment |
|---|-----|----|-----|---------|
| 59. Has the facility developed a management <u>system</u> to oversee the implementation of the risk management program elements?  | X   |    |     |         |
| 60. Has the facility assigned a <u>qualified person</u> or position that has overall responsibility for development and implementation of the risk management program elements? | X   |    |     |         |
| 61. Are RMP implementation responsibilities to other than the qualified person or position <u>clearly documented</u> and lines of authority identified?                         | X   |    |     |         |
| 62. Does facility have a Risk Management Program with <u>all</u> the required elements?   | X   |    |     |         |

**OVERALL FINDINGS from Compliance Audit:**

**RECOMMENDATIONS from Compliance Audit:**

**Review of Compliance Audit (RMP Section 8.8.a)**

**Date Completed:** 8/8/2012

**Names of Person(s) Conducting the Review:**

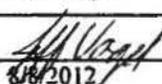
|            |              |
|------------|--------------|
| Jeff Vogel | Carla Wenger |
|            |              |

**Expected date of completion of changes resulting from the Compliance Audit RMP Section 8.8.b)**

**Date Completed:** 8/8/2013

**As the person with overall responsibility for the Risk Management Program, I certify that a Compliance Audit was completed.**

**Printed Name:** Jeff Vogel

**Signature:** 

**Date:** 8/8/2012



# Attachment III

## Attendance sign-in for Incident Review

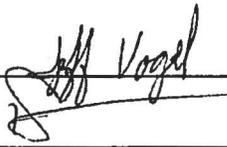
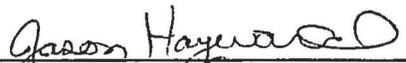
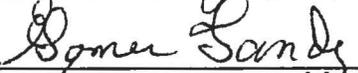
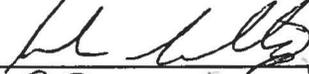
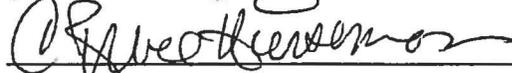
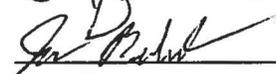
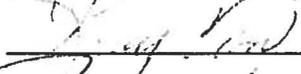
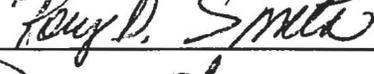
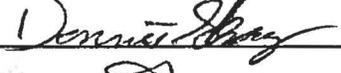
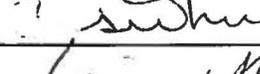
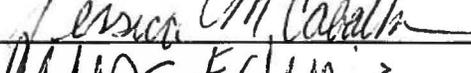
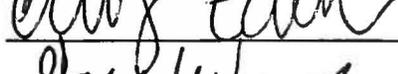
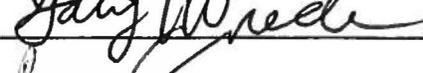
Discussed circumstances surrounding the release and reviewed Consumers Cooperative policy on maintenance of Anhydrous Ammonia facility.



# Consumers Cooperative Society – Incident Review Affected Employees

## Review of June 2009 Anhydrous Release Information

Please sign and date below

|   |                      |
|---|----------------------|
|    | 2/28/2013<br>2/28/13 |
|    | 2/28/13              |
|    | 2/28/13              |
|    | 2-28-2013            |
|    | 2/28/13              |
|    | 2-28-13              |
|   | 2-28-13              |
|  | 2-28-13              |
|  | 2/28/13              |
|  | 2-28-13              |
|  | 2-28-13              |
|  | 28 FEBRUARY 2013     |
|  | 2-28-13              |
|  | 2-28-13              |
|  | 2-28-13              |
|  | 2-28-13              |
|  | 2/28/13              |
|  | 2/28/13 3/1/13       |
|  | 3-1-13               |



# Attachment IV

Certified mail receipts for 2009 and 2011 RMP  
submissions.



| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                                    |
|--|---|------------------------------------|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |                                    |
| 1. Article Addressed to:<br>RMP Reporting Center<br>c/o Computer Sciences Corp.<br>8400 Corporate Dr., Suite 150<br>Landover, MD 20785-2294  | B. Received by (Printed Name)<br>APR 28 2009  | C. Date of Delivery<br>APR 28 2009 |
|  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No<br>RMP Reporting Center<br>P. O. Box 1515<br>Landover-Seabrook, Maryland 20703-1515   |                                    |
| 2. Article Number<br>(Transfer from service label) 7006 2150 0002 3566 8939  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |                                    |
|  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |                                    |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540   |   |                                    |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                                 |
|--|---|---------------------------------|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |                                 |
| 1. Article Addressed to:<br>Risk Management Plan (RMP) Reporting Center<br>P.O. Box 1515<br>Lanham-Seabrook, MD 20703-1515   | B. Received by (Printed Name)<br>George...  | C. Date of Delivery<br>06-23-09 |
|  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                                 |
| 2. Article Number<br>(Transfer from service label) 7006 2150 0002 3566 8946  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |                                 |
|  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |                                 |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540   |   |                                 |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                                |
|--|---|--------------------------------|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |                                |
| 1. Article Addressed to:<br>RMP Reporting Center<br>c/o CGI Federal, Inc.<br>12601 Fair Lakes Circle<br>Fairfax, VA 22033  | B. Received by (Printed Name)<br>LLS  | C. Date of Delivery<br>1/18/11 |
|  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                                |
| 2. Article Number<br>(Transfer from service label) 7006 2150 0002 3566 9677  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |                                |
|  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |                                |
| PS Form 3811, February 2004 Receipt 102595-02-M-1540   |   |                                |



# Attachment V

2009 RMP Submission



**Section 1. Registration Information**

|   |   |
|---|---|
| <b>1.1 Source Identification</b>  |   |
| <b>1.1.a. Facility Name</b>   | Consumers Cooperative Society   |
| <b>1.1.b. Parent Company #1 Name</b>  |   |
| <b>1.1.c. Parent Company #2 Name</b>  |   |
| <b>1.2 EPA Facility Identifier</b>  | 100000134687  |
| <b>1.3 Other EPA Systems Facility Identifier</b>  |   |
| <b>1.4 Dun and Bradstreet Numbers (DUNS)</b>  |   |
| <b>1.4.a. Facility DUNS</b>   |   |
| <b>1.4.b. Parent Company #1 DUNS</b>  |   |
| <b>1.4.c. Parent Company #2 DUNS</b>  |   |
| <b>1.5 Facility Location</b>  |   |
| <b>1.5.a. Street - Line 1</b>   | 3000 Industrial Park Rd.  |
| <b>1.5.b. Street - Line 2</b>   |   |
| <b>1.5.c. City</b>  | Iowa City   |
| <b>1.5.d. State</b>   | IA  |
| <b>1.5.e. Zip Code - Zip +4 Code</b>  | 52240   |
| <b>1.5.f. County</b>  | JOHNSON   |
| <b>1.5.g. Facility Latitude (in decimal degrees)</b>  | 41.697070   |
| <b>1.5.h. Facility Longitude (in decimal degrees)</b>   | -091.618130   |
| <b>1.5.i. Method for determining Lat/Long</b>   | Global Positioning System (GPS) Carrier Phase Static Relative Positioning Technique |
| <b>1.5.j. Description of location identified by Lat/Long</b>  | Storage Tank  |
| <b>1.5.k. Horizontal Accuracy Measure (meters)</b>  | 25  |
| <b>1.5.l. Horizontal Reference Datum Code</b>   | North American Datum of 1983  |
| <b>1.5.m. Source Map Scale Number</b>   |   |
| <b>1.6 Owner or Operator</b>  |   |
| <b>1.6.a. Name</b>  | Consumers Cooperative Society   |
| <b>1.6.b. Phone</b>   | (319) 545-2012  |
| <b>1.6.c. Street - Line 1</b>   | PO Box 1108   |
| <b>1.6.d. Street - Line 2</b>   |   |
| <b>1.6.e. City</b>  | Iowa City   |
| <b>1.6.f. State</b>   | IA  |
| <b>1.6.g. Zip Code - Zip +4 Code</b>  | 52244   |
| <b>Foreign Country</b>  |   |
| <b>Foreign State/Province</b>   |   |
| <b>Foreign Zip/Postal Code</b>  |   |
| <b>1.7 Name, title and email address of person or position responsible for RMP (part 68) implementation</b> |   |
| <b>1.7.a. Name of person</b>  | Randy Skriver   |
| <b>1.7.b. Title of person or position</b>   | General Manager   |
| <b>1.7.c. Email address of person or position</b>   | rskriver@consumerscoop.net  |

**Section 1. Registration Information**

|  |                            |
|--|----------------------------|
| <b>1.8 Emergency Contact</b>                                       |                            |
| <b>1.8.a. Name</b>   | Randy Skriver              |
| <b>1.8.b. Title of person or position</b>                          | General Manager            |
| <b>1.8.c. Phone</b>  | (319) 545-2012             |
| <b>1.8.d. 24-Hour Phone</b>  | (319) 631-3294             |
| <b>1.8.e. 24-Hour Phone Extension/PIN #</b>                        |                            |
| <b>1.8.f. Email address for emergency contact</b>                  | rskriver@consumerscoop.net |
| <b>1.9 Other Points of Contact</b>                                 |                            |
| <b>1.9.a. Facility or Parent Company E-mail Address</b>            |                            |
| <b>1.9.b. Facility Public Contact Phone Number</b>                 |                            |
| <b>1.9.c. Facility or Parent Company WWW Homepage Address</b>      |                            |
| <b>1.10 Local Emergency Planning Committee (LEPC)</b>              | Johnson County LEPC        |
| <b>1.11 Number of fulltime equivalent (FTEs) employees on site</b> | 5                          |
| <b>1.12 Covered by</b>   |                            |
| <b>1.12.a. OSHA PSM</b>  |                            |
| <b>1.12.b. EPCRA section 302</b>                                   | Y                          |
| <b>1.12.c. CAA Title V Air Operating Permit Program</b>            |                            |
| <b>1.12.d. Air Operating Permit ID #</b>                           |                            |
| <b>1.13 OSHA Star or Merit Ranking</b>                             |                            |
| <b>1.14 Last Safety Inspection (by an External Agency) Date</b>    | 08/07/2008                 |
| <b>1.15 Last Safety Inspection Performed by an External Agency</b> | IDALS                      |
| <b>1.16 Will this RMP involve Predictive Filing?</b>               |                            |
| <b>1.18 RMP Preparer Information</b>                               |                            |
| <b>1.18.a. Name</b>  | RCI                        |
| <b>1.18.b. Phone</b>   | (785) 486-2882             |
| <b>1.18.c. Street - Line 1</b>                                     | 140 W. 8th Street          |
| <b>1.18.d. Street - Line 2</b>                                     |                            |
| <b>1.18.e. City</b>  | Horton                     |
| <b>1.18.f. State</b>   | KS                         |
| <b>1.18.g. Zip</b>   | 66439                      |
| <b>Foreign Country</b>   |                            |
| <b>Foreign State/Province</b>                                      |                            |
| <b>Foreign Zip Code</b>  |                            |



## Section 1. Registration Information

### Section 1.17 Process Specific Information

#### Process 1

|                              |  |                   |                 |
|------------------------------|--|-------------------|-----------------|
| <b>Process ID #</b>          | <b>80125</b>                               |                   |                 |
| <b>Process Description</b>   | <b>Anhydrous Ammonia</b>                   |                   |                 |
| <b>1.17.a. Program Level</b> | 2  |                   |                 |
| <b>1.17.b. NAICS Code(s)</b> | 42491 (Farm Supplies Merchant Wholesalers) |                   |                 |
| <b>1.17.c. Chemical(s)</b>   | <b>Chemical Name</b>                       | <b>CAS Number</b> | <b>Quantity</b> |
|                              | Ammonia (anhydrous)                        | 7664-41-7         | 568984          |



**Section 2. Toxics: Worst Case**

**Scenario 1**

|  |                                  |
|--|----------------------------------|
| <b>Process Name</b>  | <b>Anhydrous Ammonia</b>         |
| <b>2.1 Chemical</b>  |                                  |
| <b>2.1.a. Name</b>   | <b>Ammonia (anhydrous)</b>       |
| <b>2.1.b. Percent Weight of Chemical</b>   |                                  |
| <b>2.2 Physical State</b>  | <b>Gas liquified by pressure</b> |
| <b>2.3 Model Used</b>  | <b>EPA's RMP*Comp(TM)</b>        |
| <b>2.4 Scenario</b>  | <b>Gas Release</b>               |
| <b>2.5 Quantity Released (lbs)</b>   | <b>139914</b>                    |
| <b>2.6 Release Rate (lbs/min)</b>  | <b>13991.4</b>                   |
| <b>2.7 Release Duration (mins)</b>   | <b>10</b>                        |
| <b>2.8 Wind Speed (meters/sec)</b>   | <b>1.5</b>                       |
| <b>2.9 Atmospheric stability class</b>   | <b>F</b>                         |
| <b>2.10 Topography</b>   | <b>Urban</b>                     |
| <b>2.11 Distance to endpoint (miles)</b>   | <b>4.4</b>                       |
| <b>2.12 Estimated residential population within distance to endpoint (numbers)</b> | <b>36402</b>                     |
| <b>2.13 Public receptors within distance to endpoint</b>                           |                                  |
| <b>2.13.a. Schools</b>   | <b>Y</b>                         |
| <b>2.13.b. Residences</b>  | <b>Y</b>                         |
| <b>2.13.c. Hospitals</b>   | <b>Y</b>                         |
| <b>2.13.d. Prison/Correctional Facilities</b>                                      | <b>Y</b>                         |
| <b>2.13.e. Recreational Areas</b>  | <b>Y</b>                         |
| <b>2.13.f. Major commercial, office or industrial areas</b>                        | <b>Y</b>                         |
| <b>2.13.g. Other</b>   |                                  |
| <b>2.14 Environmental receptors within distance to endpoint</b>                    |                                  |
| <b>2.14.a. National or State Parks, Forests or Monuments</b>                       | <b>Y</b>                         |
| <b>2.14.b. Officially Designated Wildlife Sanctuaries, Preserves or Refuges</b>    | <b>Y</b>                         |
| <b>2.14.c. Federal Wilderness Area</b>   |                                  |
| <b>2.14.d. Other</b>   |                                  |
| <b>2.15 Passive mitigation considered</b>  |                                  |
| <b>2.15.a. Dikes</b>   |                                  |
| <b>2.15.b. Enclosures</b>  |                                  |
| <b>2.15.c. Berms</b>   |                                  |
| <b>2.15.d. Drains</b>  |                                  |
| <b>2.15.e. Sumps</b>   |                                  |
| <b>2.15.f. Other</b>   |                                  |
| <b>2.16 Graphics file</b>  |                                  |



**Section 3. Toxics: Alternative Release**

**Scenario 1**

|  |                           |
|--|---------------------------|
| <b>Process Name</b>  | <b>Anhydrous Ammonia</b>  |
| <b>3.1 Chemical</b>  |                           |
| <b>3.1.a. Name</b>   | Ammonia (anhydrous)       |
| <b>3.1.b. Percent Weight of Chemical</b>   |                           |
| <b>3.2 Physical State</b>  | Gas liquified by pressure |
| <b>3.3 Model Used</b>  | EPA's RMP*Comp(TM)        |
| <b>3.4 Scenario</b>  | Transfer hose failure     |
| <b>3.5 Quantity Released (lbs)</b>   | 4520                      |
| <b>3.6 Release Rate (lbs/min)</b>  | 2260                      |
| <b>3.7 Release Duration (mins)</b>   | 2260                      |
| <b>3.8 Wind Speed (meters/sec)</b>   | 6.7                       |
| <b>3.9 Atmospheric stability class</b>   | D                         |
| <b>3.10 Topography</b>   | Urban                     |
| <b>3.11 Distance to endpoint (miles)</b>   | 0.3                       |
| <b>3.12 Estimated residential population within distance to endpoint (numbers)</b> | 7                         |
| <b>3.13 Public receptors within distance to endpoint</b>                           |                           |
| <b>3.13.a. Schools</b>   |                           |
| <b>3.13.b. Residences</b>  | Y                         |
| <b>3.13.c. Hospitals</b>   |                           |
| <b>3.13.d. Prison/Correctional Facilities</b>                                      |                           |
| <b>3.13.e. Recreational Areas</b>  |                           |
| <b>3.13.f. Major commercial, office or industrial areas</b>                        | Y                         |
| <b>3.13.g. Other</b>   |                           |
| <b>3.14 Environmental receptors within distance to endpoint</b>                    |                           |
| <b>3.14.a. National or State Parks, Forests or Monuments</b>                       |                           |
| <b>3.14.b. Officially Designated Wildlife Sanctuaries, Preserves or Refuges</b>    |                           |
| <b>3.14.c. Federal Wilderness Area</b>   |                           |
| <b>3.14.d. Other</b>   |                           |
| <b>3.15 Passive mitigation considered</b>  |                           |
| <b>3.15.a. Dikes</b>   |                           |
| <b>3.15.b. Enclosures</b>  |                           |
| <b>3.15.c. Berms</b>   |                           |
| <b>3.15.d. Drains</b>  |                           |
| <b>3.15.e. Sumps</b>   |                           |
| <b>3.15.f. Other</b>   |                           |
| <b>3.16 Active mitigation considered</b>   |                           |
| <b>3.16.a. Sprinkler systems</b>   |                           |
| <b>3.16.b. Deluge systems</b>  |                           |
| <b>3.16.c. Water curtain</b>   |                           |
| <b>3.16.d. Neutralization</b>  |                           |
| <b>3.16.e. Excess flow valve</b>   |                           |
| <b>3.16.f. Flares</b>  |                           |



### Section 3. Toxics: Alternative Release

|   |  |
|---|--|
| <b>3.16.g. Scrubbers</b>                  |  |
| <b>3.16.h. Emergency shutdown systems</b> |  |
| <b>3.16.i. Other</b>                      |  |
| <b>3.17 Graphics file</b>                 |  |



## Section 6. Five-Year Accident History

### Accident 1

|  |                                 |  |                                |                                   |
|--|---------------------------------|--|--------------------------------|-----------------------------------|
| <b>6.1 Date of accident</b>                    |                                 | 06/11/2009                                 |                                |                                   |
| <b>6.2 Time accident began</b>                 |                                 | 1:45 PM                                    |                                |                                   |
| <b>6.3 NAICS Code of process involved</b>      |                                 | 42491 (Farm Supplies Merchant Wholesalers) |                                |                                   |
| <b>6.4 Release duration</b>                    |                                 | 1 Hour 0 Mins                              |                                |                                   |
| <b>6.5 Chemicals involved</b>                  |                                 |  |                                |                                   |
|  | <b>Chemical Name</b>            | <b>CAS Number</b>                          | <b>Quantity released (lbs)</b> | <b>Percent weight of chemical</b> |
|  | Ammonia (anhydrous)             | 7664-41-7                                  | 1866                           | 100                               |
| <b>6.6 Release Event</b>                       |                                 |  |                                |                                   |
| <b>6.6.a. Gas release</b>                      |                                 | Y  |                                |                                   |
| <b>6.6.b. Liquid spills/evaporation</b>        |                                 |  |                                |                                   |
| <b>6.6.c. Fire</b>                             |                                 |  |                                |                                   |
| <b>6.6.d. Explosion</b>                        |                                 |  |                                |                                   |
| <b>6.6.e. Uncontrolled/Runaway reaction</b>    |                                 |  |                                |                                   |
| <b>6.7 Release Source</b>                      |                                 |  |                                |                                   |
| <b>6.7.a. Storage vessel</b>                   |                                 |  |                                |                                   |
| <b>6.7.b. Piping</b>                           |                                 |  |                                |                                   |
| <b>6.7.c. Process vessel</b>                   |                                 |  |                                |                                   |
| <b>6.7.d. Transfer hose</b>                    |                                 |  |                                |                                   |
| <b>6.7.e. Valve</b>                            |                                 | Y  |                                |                                   |
| <b>6.7.f. Pump</b>                             |                                 |  |                                |                                   |
| <b>6.7.g. Joint</b>                            |                                 |  |                                |                                   |
| <b>6.7.h. Other</b>                            |                                 |  |                                |                                   |
| <b>6.8 Weather conditions at time of event</b> |                                 |  |                                |                                   |
| <b>6.8.a. Wind speed and direction</b>         |                                 | 8 miles/hr NE                              |                                |                                   |
| <b>6.8.b. Temperature (F)</b>                  |                                 | 75   |                                |                                   |
| <b>6.8.c. Atmospheric stability class</b>      |                                 | B  |                                |                                   |
| <b>6.8.d. Precipitation present</b>            |                                 |  |                                |                                   |
| <b>6.8.e. Unknown weather conditions</b>       |                                 |  |                                |                                   |
| <b>6.9 On-site Impacts</b>                     |                                 |  |                                |                                   |
|  | <b>Employees or contractors</b> | <b>Public responders</b>                   | <b>Public</b>                  |                                   |
| <b>6.9.a. Deaths</b>                           | 0                               | 0  | 0                              |                                   |
| <b>6.9.b. Injuries</b>                         | 0                               | 0  | 0                              |                                   |
| <b>6.9.c. Property damage (\$)</b>             | 0                               |  |                                |                                   |
| <b>6.10 Known off-site impacts</b>             |                                 |  |                                |                                   |
| <b>6.10.a. Deaths</b>                          |                                 | 0  |                                |                                   |
| <b>6.10.b. Hospitalizations</b>                |                                 | 0  |                                |                                   |
| <b>6.10.c. Other medical treatments</b>        |                                 | 0  |                                |                                   |
| <b>6.10.d. Evacuated</b>                       |                                 | 0  |                                |                                   |
| <b>6.10.e. Sheltered-in-place</b>              |                                 | 0  |                                |                                   |
| <b>6.10.f. Property damage (\$)</b>            |                                 | 0  |                                |                                   |
| <b>6.10.g. Environmental damage</b>            |                                 |  |                                |                                   |



**Section 6. Five-Year Accident History**

|  |  |
|--|--|
| <b>6.10.g.1. Fish or animal kills</b>                      |  |
| <b>6.10.g.2. Tree, lawn, shrub or crop damage</b>          | Y  |
| <b>6.10.g.3. Water contamination</b>                       |  |
| <b>6.10.g.4. Soil contamination</b>                        |  |
| <b>6.10.g.5. Other</b>                                     |  |
| <b>6.11 Initiating event</b>                               | Equipment failure  |
| <b>6.12 Contributing factors</b>                           |  |
| <b>6.12.a. Equipment failure</b>                           | Y  |
| <b>6.12.b. Human error</b>                                 |  |
| <b>6.12.c. Improper procedures</b>                         |  |
| <b>6.12.d. Overpressurization</b>                          |  |
| <b>6.12.e. Upset condition</b>                             |  |
| <b>6.12.f. By-pass condition</b>                           |  |
| <b>6.12.g. Maintenance activity/inactivity</b>             |  |
| <b>6.12.h. Process design failure</b>                      |  |
| <b>6.12.i. Unsuitable equipment</b>                        |  |
| <b>6.12.j. Unusual weather conditions</b>                  |  |
| <b>6.12.k. Management error</b>                            |  |
| <b>6.12.l. Other</b>                                       | The pipe was being replace and a wrench was dropped on the piping. After a while it set off the faulty valve |
| <b>6.13 Off-site responders notified</b>                   | Notified and Responded   |
| <b>6.14 Changes introduced as a result of the accident</b> |  |
| <b>6.14.a. Improved/upgraded equipment</b>                 | Y  |
| <b>6.14.b. Revised maintenance</b>                         |  |
| <b>6.14.c. Revised training</b>                            |  |
| <b>6.14.d. Revised operating procedures</b>                |  |
| <b>6.14.e. New process controls</b>                        |  |
| <b>6.14.f. New mitigation systems</b>                      |  |
| <b>6.14.g. Revised emergency response plan</b>             |  |
| <b>6.14.h. Changed process</b>                             |  |
| <b>6.14.i. Reduced inventory</b>                           |  |
| <b>6.14.j. None</b>  |  |
| <b>6.14.k. Other</b>                                       |  |



**Section 8. Prevention Program: Program Level 2**

**Program 1**

|  |  |                          |
|--|--|--------------------------|
| <b>Prevention Program Description</b>  |  | <b>Anhydrous Ammonia</b> |
| <b>8.1 NAICS Code for process</b>  |  |                          |
| <b>8.1.a. Process Name</b>   | 80125 (Anhydrous Ammonia)                  |                          |
| <b>8.1.b. NAICS</b>  | 42491 (Farm Supplies Merchant Wholesalers) |                          |
| <b>8.2 Chemicals</b>   |  |                          |
| Ammonia (anhydrous)  |  |                          |
| <b>8.3 Safety Information</b>  |  |                          |
| <b>8.3.a. Date on which the safety information was last reviewed or revised</b>  | 01/15/2009                                 |                          |
| <b>8.3.b. Federal/State regulations or industry-specific design codes and standards used to demonstrate compliance with safety information requirement</b> |  |                          |
| <b>8.3.b.1. NFPA 58 (or state law based on NFPA 58)</b>  |  |                          |
| <b>8.3.b.2. OSHA (29 CFR 1910.111)</b>   | Y  |                          |
| <b>8.3.b.3. ASTM Standards</b>   |  |                          |
| <b>8.3.b.4. ANSI Standards</b>   | Y  |                          |
| <b>8.3.b.5. ANSME Standards</b>  | Y  |                          |
| <b>8.3.b.6. None</b>   |  |                          |
| <b>8.3.b.7. Other</b>  |  |                          |
| <b>8.3.b.8. Comments</b>   |  |                          |
| <b>8.4 Hazard Review</b>   |  |                          |
| <b>8.4.a. Date of completion of most recent hazard review or update</b>  | 11/11/2008                                 |                          |
| <b>8.4.b. Expected or actual date of completion of all changes resulting from the hazard review</b>  | 06/01/2009                                 |                          |
| <b>8.4.c. Major hazards identified</b>   |  |                          |
| <b>8.4.c.1. Toxic release</b>  | Y  |                          |
| <b>8.4.c.2. Fire</b>   |  |                          |
| <b>8.4.c.3. Explosion</b>  |  |                          |
| <b>8.4.c.4. Runaway reaction</b>   |  |                          |
| <b>8.4.c.5. Polymerization</b>   |  |                          |
| <b>8.4.c.6. Overpressurization</b>   | Y  |                          |
| <b>8.4.c.7. Corrosion</b>  | Y  |                          |
| <b>8.4.c.8. Overfilling</b>  | Y  |                          |
| <b>8.4.c.9. Contamination</b>  |  |                          |
| <b>8.4.c.10. Equipment failure</b>   | Y  |                          |
| <b>8.4.c.11. Loss of cooling, heating, electricity, instrument air</b>   |  |                          |
| <b>8.4.c.12. Earthquake</b>  | Y  |                          |
| <b>8.4.c.13. Floods</b>  |  |                          |
| <b>8.4.c.14. Tornado</b>   | Y  |                          |
| <b>8.4.c.15. Hurricanes</b>  |  |                          |
| <b>8.4.c.16. Other</b>   |  |                          |
| <b>8.4.d. Process controls in use</b>  |  |                          |
| <b>8.4.d.1. Vents</b>  |  |                          |
| <b>8.4.d.2. Relief valves</b>  | Y  |                          |
| <b>8.4.d.3. Check valves</b>   | Y  |                          |



**Section 8. Prevention Program: Program Level 2**

|   |                            |
|---|----------------------------|
| <b>8.4.d.4. Scrubbers</b>   |                            |
| <b>8.4.d.5. Flares</b>  |                            |
| <b>8.4.d.6. Manual shutoffs</b>   | Y                          |
| <b>8.4.d.7. Automatic shutoffs</b>  |                            |
| <b>8.4.d.8. Interlocks</b>  |                            |
| <b>8.4.d.9. Alarms and procedures</b>                                     |                            |
| <b>8.4.d.10. Keyed bypass</b>   |                            |
| <b>8.4.d.11. Emergency air supply</b>                                     |                            |
| <b>8.4.d.12. Emergency power</b>  |                            |
| <b>8.4.d.13. Backup pump</b>  |                            |
| <b>8.4.d.14. Grounding equipment</b>                                      | Y                          |
| <b>8.4.d.15. Inhibitor additions</b>                                      |                            |
| <b>8.4.d.16. Rupture disks</b>  |                            |
| <b>8.4.d.17. Excess flow device</b>                                       | Y                          |
| <b>8.4.d.18. Quench system</b>  |                            |
| <b>8.4.d.19. Purge system</b>   |                            |
| <b>8.4.d.20. None</b>   |                            |
| <b>8.4.d.21. Other</b>  |                            |
| <b>8.4.e. Mitigation systems in use</b>                                   |                            |
| <b>8.4.e.1. Sprinkler system</b>  |                            |
| <b>8.4.e.2. Dikes</b>   |                            |
| <b>8.4.e.3. Fire walls</b>  |                            |
| <b>8.4.e.4. Blast walls</b>   |                            |
| <b>8.4.e.5. Deluge system</b>   |                            |
| <b>8.4.e.6. Water curtain</b>   |                            |
| <b>8.4.e.7. Enclosure</b>   |                            |
| <b>8.4.e.8. Neutralization</b>  |                            |
| <b>8.4.e.9. None</b>  | Y                          |
| <b>8.4.e.10. Other</b>  |                            |
| <b>8.4.f. Monitoring/detection systems in use</b>                         |                            |
| <b>8.4.f.1. Process area detectors</b>                                    |                            |
| <b>8.4.f.2. Perimeter monitors</b>  |                            |
| <b>8.4.f.3. None</b>  |                            |
| <b>8.4.f.4. Other</b>   | routine visual inspections |
| <b>8.4.g. Changes since last hazard review or hazard update</b>           |                            |
| <b>8.4.g.1. Reduction in chemical inventory</b>                           |                            |
| <b>8.4.g.2. Increase in chemical inventory</b>                            |                            |
| <b>8.4.g.3. Change in process parameters</b>                              |                            |
| <b>8.4.g.4. Installation of process controls</b>                          |                            |
| <b>8.4.g.5. Installation of process detection systems</b>                 |                            |
| <b>8.4.g.6. Installation of perimeter monitoring systems</b>              |                            |
| <b>8.4.g.7. Installation of mitigation systems</b>                        |                            |
| <b>8.4.g.8. None recommended</b>  |                            |
| <b>8.4.g.9. None</b>  | Y                          |
| <b>8.4.g.10. Other</b>  |                            |
| <b>8.5 Date of most recent review or revision of operating procedures</b> | 01/16/2009                 |

**Section 8. Prevention Program: Program Level 2**

|   |   |
|---|---|
| <b>8.6 Training</b>   |   |
| <b>8.6.a. Date of most recent review or revision of training programs</b>   | 01/13/2009  |
| <b>8.6.b. Type of training provided</b>   |   |
| <b>8.6.b.1. Classroom</b>   | Y   |
| <b>8.6.b.2. On the job</b>  | Y   |
| <b>8.6.b.3. Other</b>   |   |
| <b>8.6.c. Type of competency testing used</b>   |   |
| <b>8.6.c.1. Written test</b>  | Y   |
| <b>8.6.c.2. Oral test</b>   |   |
| <b>8.6.c.3. Demonstration</b>   | Y   |
| <b>8.6.c.4. Observation</b>   | Y   |
| <b>8.6.c.5. Other</b>   |   |
| <b>8.7 Maintenance</b>  |   |
| <b>8.7.a. Date of most recent review or revision of maintenance procedures</b>  | 01/16/2009  |
| <b>8.7.b. Date of most recent equipment inspection or test</b>  | 01/16/2009  |
| <b>8.7.c. Equipment most recently inspected or tested (equipment list)</b>  | storage tanks, riser, piping, electrical and etc. |
| <b>8.8 Compliance audits</b>  |   |
| <b>8.8.a. Date of most recent compliance audits</b>   | 05/26/2009  |
| <b>8.8.b. Expected or actual date of completion of all changes resulting from the compliance audits</b>   | 12/31/2009  |
| <b>8.9 Incident investigation</b>   |   |
| <b>8.9.a. Date of most recent incident investigation</b>  |   |
| <b>8.9.b. Expected or actual date of completion of all changes resulting from the incident investigation</b>  |   |
| <b>8.10 Date of most recent change that triggered a review or a revision of safety information, the hazard review, operating or maintenance procedures, or training</b> | 04/21/2009  |

**Section 9. Emergency Response**

|   |                     |
|---|---------------------|
| <b>9.1 Written emergency response (ER) plan</b>   |                     |
| <b>9.1.a. Is your facility included in the written community emergency response plan?</b>   | Y                   |
| <b>9.1.b. Does your facility have its own written emergency response plan?</b>  |                     |
| <b>9.2 Does your facility's ER plan include specific actions to be taken in response to accidental releases of regulated substances?</b>  |                     |
| <b>9.3 Does your facility's ER plan include procedures for informing the public and local agencies responding to accidental releases?</b> |                     |
| <b>9.4 Does your facility's ER plan include information on emergency health care?</b>   |                     |
| <b>9.5 Date of most recent review or update of your facility's ER plan</b>  |                     |
| <b>9.6 Date of most recent ER training for your facility's employees</b>  |                     |
| <b>9.7 Local agency with which your facility's ER plan or response activities are coordinated</b>   |                     |
| <b>9.7.a. Name of agency</b>  | LEPC Johnson County |
| <b>9.7.b. Phone number</b>  | (319) 356-6028      |
| <b>9.8 Subject to</b>   |                     |
| <b>9.8.a. OSHA Regulations at 29 CFR 1910.38</b>  | Y                   |
| <b>9.8.b. OSHA Regulations at 29 CFR 1910.120</b>   |                     |
| <b>9.8.c. Clean Water Act Regulations at 40 CFR 112</b>   |                     |
| <b>9.8.d. RCRA Regulations at 40 CFR 264, 265, 279.52</b>   |                     |
| <b>9.8.e. OPA-90 Regulations at 40 CFR 112, 33 CFR 154, 49 CFR 194, 30 CFR 254</b>  |                     |
| <b>9.8.f. State EPCRA Rules of Laws</b>   | Y                   |
| <b>9.8.g. Other</b>   |                     |



## Executive Summary

**Facility Name:** Consumers Cooperative Society  
**Location:** 3000 Industrial Park Rd., Iowa City, IA 52240  
**Contact:** Jeff Vogel  
**RMP Facility ID:** 1000 0013 4687

### RMP Executive Summary below:

- 1. The Facility Policy:** The owners, management and employees of Consumers Cooperative Society facility are committed to the prevention of any accidental releases of anhydrous ammonia by utilization of proper equipment, regular inspections and maintenance, and training of all persons that work with the material. Should an accidental release occur, the facility has oriented the local fire department and the local emergency planning committee so they can plan for response to any release and minimize the impact of the release to people and the environment.
- 2. Facility Information:** The primary activity at the facility is the storage of anhydrous ammonia for sale to farmers. Anhydrous ammonia is received, stored and distributed for direct application as a crop production nutrient.
- 3. The worst case release scenario is not listed in the executive summary for security reasons. The alternate case release scenario is not listed in the executive summary for security reasons.**
- 4. The Accidental Release Program:** Consumers Cooperative Society complies with the Rules and Regulations relating to the Handling of Anhydrous Ammonia, Equipment and Storage Facilities. These regulations administered by the Department of Agriculture or State Agency are consistent with ANSI K61.1 and OSHA 29 CFR 1910.111 regarding storage and handling of anhydrous ammonia.
- 5. The Five Year Accident History:** An incident occurred on 6/12/2009 at Consumer Cooperative anhydrous plant. Consumers Cooperative was testing the underground piping. Our contractor was finishing up when a wrench was dropped on the 3 inch liquid line. The vibration of metal on metal caused the supply valve on the tank to unseat allowing product to flow out. This is when the release occurred. The welding was not complete so product moved out of the tank and into the air. Prior to the incident, the storage tank had been blown down and vented so that new pressure relief valves could be installed. The tank was then purged with 500 gallons of NH<sub>3</sub> for testing; therefore, the release could not have exceeded 500 gallons (2,600 lbs) It was not possible to determine if the RQ had been met until after the release was controlled. It was then estimated that at least 100 gallons of NH<sub>3</sub> still remained in the tank. This equates to a 2060 lb release. The NRC was then notified as soon as it was determined the RQ had been exceeded.
- 6. The Emergency Response Program:** Consumers Cooperative Society has a written emergency action plan in accordance with OSHA Standard 29 CFR 1910.38 and provides state and local authorities the emergency planning and community right-to-know information as required under SARA Title III of EPCRA. Our emergency response action plan has been reviewed with the local fire department and provided to the local emergency planning committee for coordination in the community response planning.
- 7. Planned Changes to Improve Safety:** Safety improvements are an on-going process at Consumers Cooperative Society. Periodic evaluations are performed to assess the maintenance of safe practices and operations. There are no additional specific anhydrous ammonia safety recommendations for implementation at this time.



IN THE MATTER OF Consumers Cooperative Society, Respondent  
Docket No. CAA-07-2013-0011

CERTIFICATE OF SERVICE

I certify that a true and correct copy of the foregoing Order was sent this day in the following manner to the addressees:

Copy emailed to  
Attorney for Complainant:

nazar.kristen@epa.gov

Copy mailed First Class Mail to Respondent:

Randy Skriver  
3000 Heartland Drive  
Coralville, Iowa 52241

Dated: 3/20/13

A handwritten signature in black ink that reads "Kathy Robinson". The signature is written in a cursive style with a horizontal line underneath the name.

Kathy Robinson  
Hearing Clerk, Region 7

