

1986



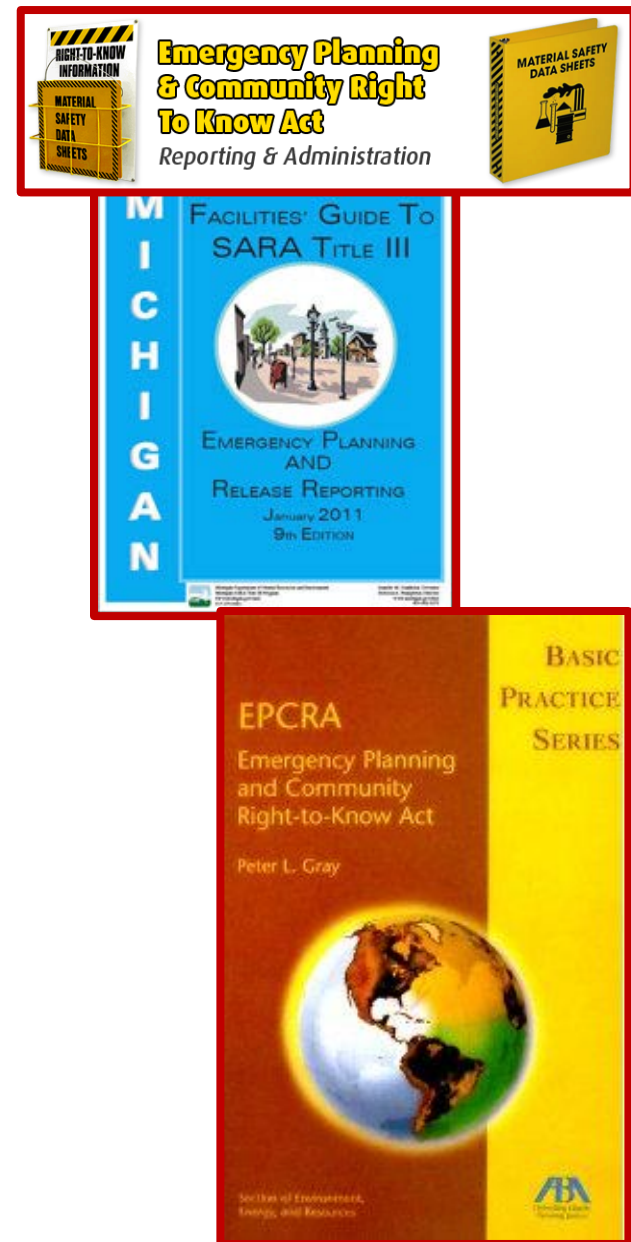
# Facility / LEPC Responsibilities under EPCRA



2018

# Emergency Planning and Community Right-to-Know Act (EPCRA) October 17, 1986

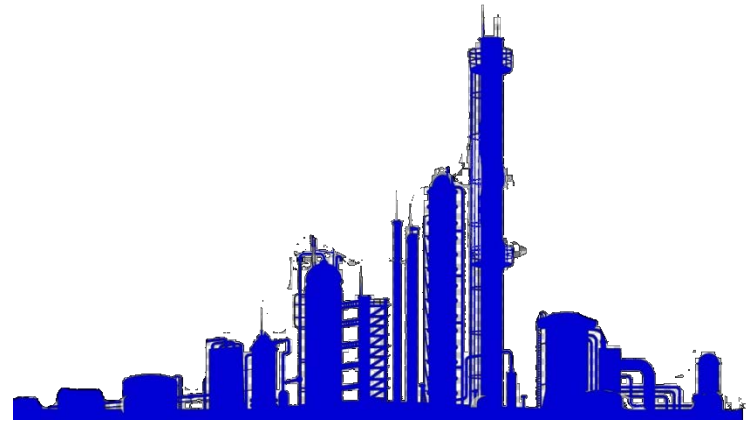
- Congress amended CERCLA in 1986 with Superfund Amendments & Reauthorization Act (SARA).
- Focused on strengthening rights of citizens and communities for potential hazardous substance emergencies.
- Intended to help communities prepare to respond to chemical emergency and to increase public's knowledge of presence and threat of hazardous chemicals.





- Created framework for local government, businesses, and other citizens to plan for chemical accidents
- Ensured officials know chemicals used or stored in community and notified in event of accident

# Facility Responsibilities Under EPCRA



- **Report to the LEPC, SERC if facility stores or uses more than threshold planning quantity (TPQ) of extremely hazardous substance (EHS)**

**(Section 302)**

- **One-time report**
- **Report due in 1988**



- **Appoint facility coordinator to work with LEPC if subject to statute**

## **Section 303**





- Provide information, requested by LEPC, which will assist in development and implementation of local emergency response plan

**Section 303(d)**

- **Immediately report release of EHS or CERCLA hazardous substance above reportable quantity (RQ) to NRC, SERC, and LEPC**

**Section 304(a,b)**

- **Report release to 9-1-1 or telephone operator if release is transportation-related**

**Section 304(a,b)**





## **Release report must include:**

- **Chemical name**
- **Indication of whether it is EHS**
- **Estimate of quantity released into environment**
- **Time and duration of release**
- **Whether release occurred into air, water, and/or land**
- **Any known or anticipated acute or chronic health risks associated with emergency, and where necessary, advice regarding medical attention for exposed individuals**
- **Proper precautions, such as evacuation or sheltering in place**
- **Name and telephone number of contact person**



- **Within reasonable time period, facility is required to file follow-up report to LEPC and SERC**

### **Section 304(c)**



- **Information for follow-up should include:**
  - **Actions taken to respond and contain release**
  - **Advice regarding medical attention necessary for exposed individuals**
  - **Any known or anticipated acute or chronic health risks associated with release**

- Facility must provide list of chemicals to LEPC, SERC, and fire department
- For EHSs, the TPQ or 500 lbs. whichever is less
- For gasoline in UST, 75,000 gals; for diesel fuel in UST, 100,000 gals at retail stations
- For all other OSHA hazardous chemicals, 10,000 pounds on-site at any one time

## Section 311

- Facility will provide SDSs for chemicals if requested by LEPC, SERC



- Facility must provide annual inventory report to LEPC, SERC, and fire department by March 1<sup>st</sup> of each year for past calendar year inventory
- Same list as Section 311 chemical list
- States have specific reporting (submit software, dissemination to LEPCs, etc)

## Section 312

☐ Check if information below is identical to the information submitted last year. Reporting Period: January 1 to December 31, 20\_\_

**Tier Two**  
**Emergency and Hazardous Chemical Inventory**  
 Specific Information by Chemical

**Facility Identification**

Name: ☐ Manned ☐ Unmanned  
☐ N/A

Street: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ NACS Code: \_\_\_\_\_ Phone Number (optional): ( ) \_\_\_\_\_

Own & Breach Number: \_\_\_\_\_ TRU Facility ID: ☐ N/A \_\_\_\_\_ ASP Facility ID: ☐ N/A \_\_\_\_\_

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? ☐ Yes ☐ No

Subject to Chemical Accident Prevention under Section 112(c) of CAA (40 CFR part 68, Risk Management Program)? ☐ Yes ☐ No

**Owner or Operator Information**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Facility Emergency Coordinator (if applicable)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_ 24-hour Phone: ( ) \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_ 24-hour Phone: ( ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Certification (Read and sign after completing all sections)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted to pages one through \_\_\_\_\_ and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Name and official title of owner operator OR owner operator's authorized representative: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

The public reporting and recordkeeping burden for this collection of information is estimated to range from 4 to 12 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to Washington, D.C. 20543. Include the OMB control number in any correspondence. Do not return this collection of information to the sender.

EPA Form No. 8700-30 OMB Control No. 2050-0072 Expiration Date: 03/31/2012

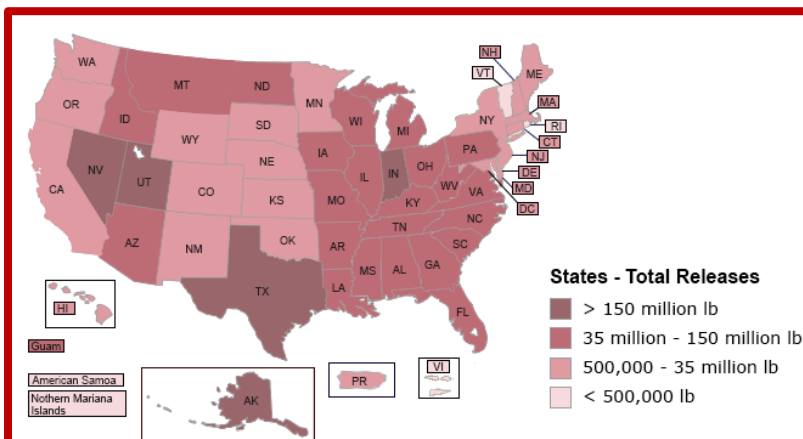
EPA Form No. 8700-30 OMB Control No. 2050-0072 Page \_\_\_\_ of \_\_\_\_

Chemical Description	Physical and Health Hazards	Inventory	Type of Storage	Storage Conditions (Pressure, Temperature)	Storage Locations	Additional Reporting Information (Optional)
<input type="checkbox"/> Check if information below is identical to the information submitted last year. <b>Chemical Name:</b> _____ <b>CAS No.</b> _____ <b>EHF:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Maximum Amount Range Code: _____ Average Daily Amount Range Code: _____ No. of days on site: _____			Confidential: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Below Reporting Thresholds (optional) <input type="checkbox"/> State or Local Requirements
<input type="checkbox"/> Check if information below is identical to the information submitted last year. <b>Mixture or Product Name:</b> _____ <b>CAS No.</b> _____ <b>EHF:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Maximum Amount Range Code: _____ Average Daily Amount Range Code: _____ No. of days on site: _____			Confidential: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Below Reporting Thresholds (optional) <input type="checkbox"/> State or Local Requirements
<b>EHF(s) Name (if applicable):</b> _____ <b>CAS No.</b> _____ <b>Non-EHF(s) Name (optional):</b> _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Maximum Amount Range Code: _____ Average Daily Amount Range Code: _____ No. of days on site: _____			Confidential: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Below Reporting Thresholds (optional) <input type="checkbox"/> State or Local Requirements

Optional Attachments: ☐ I have attached a site plan. ☐ I have attached a list of site coordinate elevations.  
☐ I have attached a description of dikes and other safeguard measures.

- Facility must provide toxic release inventory (TRI) report on releases and other waste management to EPA HQ and State by July 1<sup>st</sup> of each year for past calendar year
- TRI chemical list

## Section 313



Form Approved OMB Number: 3020-0008  
Approved Expires: 07/31/2011 Page 1 of 8

**EPA FORM R**  
Section 113 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

United States  
Environmental Protection Agency

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center, P.O. Box 10161, Fairfax, VA 22034  
2. APPROPRIATE STATE OFFICE (See instructions in Appendix E)

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank.  
Revision (enter up to two code(s))  
Withdrawal (enter up to two code(s))

IMPORTANT: See instructions to determine when "Not Applicable (N/A)" boxes should be checked.

**PART I. FACILITY IDENTIFICATION INFORMATION**

**SECTION 1. REPORTING YEAR**

**SECTION 2. TRADE SECRET INFORMATION**

Are you claiming the toxic chemical identified on page 1 trade secret?  
2.1 ☐ Yes (Answer question 2.2; Attach substantiation form) ☐ No (Do not answer 2.2; Go to Section 3.)

In this copy ☐ Initiated ☐ Uninitiated  
(Answer only if "YES" in 2.1)

**SECTION 3. CERTIFICATION** (Important: Read and sign after completing all form sections.)  
I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparer of this report.

Name and official title of owner/operator or senior management official: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**SECTION 4. FACILITY IDENTIFICATION**

4.1 TRI Facility ID Number: \_\_\_\_\_  
4.2 Facility or Establishment Name: \_\_\_\_\_ Facility or establishment name or mailing address (if different from street address): \_\_\_\_\_  
4.3 Street: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
4.4 City/County/State/Zip Code: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_ Country (Other than U.S.): \_\_\_\_\_

4.5 This report contains information for:  
4.5.1 ☐ Emergency: Check a or b; check c or d if applicable. a. ☐ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility d. ☐ GOCO  
4.5.2 Technical Contact Name: \_\_\_\_\_ Telephone Number (include area code): \_\_\_\_\_  
4.5.3 Email Address: \_\_\_\_\_  
4.5.4 Public Contact Name: \_\_\_\_\_ Telephone Number (include area code): \_\_\_\_\_  
4.5.5 Email Address: \_\_\_\_\_  
4.6 NAICS Code (3 digit): \_\_\_\_\_  
4.6.1 a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_ d. \_\_\_\_\_ e. \_\_\_\_\_ f. \_\_\_\_\_  
4.6.2 Data & Breakdown Number (3 digit): \_\_\_\_\_  
4.6.3 a. \_\_\_\_\_ b. \_\_\_\_\_

**SECTION 5. PARENT COMPANY INFORMATION**

5.1 Name of Parent Company: N/A ☐  
5.2 Parent Company's Data & Breakdown Number: N/A ☐

EPA Form 990-1 (Rev. 10/2005) - Previous editions are obsolete.

<b>Chemical List</b>	<b>Number</b>	<b>Amount</b>
<b>EHSs</b>	<b>355</b>	<b>TPQ / RQ</b>
<b>CERCLA HS</b>	<b>800</b>	<b>RQ</b>
<b>OSHA Hazardous Chemicals</b>	<b>Hundreds of thousands</b>	<b>TQ</b>
<b>Toxic Chemical List</b>	<b>690</b>	<b>TQ</b>

## State Considerations – Arkansas

- **Spill Reports, Tier II, and TRI reports go to ADEM**
- **24-hour spill Line: 800-322-4012**
- **Tier II Submit reported via CD or through ADEM website electronically in zip file**
- **Report only to SERC, who will forward to LEPCs and fire departments**



## **State Considerations – Louisiana**

- **Spill Reports and Tier II reports go to LSP**
- **TRI reports go to LDEQ**
- **24-hour spill Line: 877-925-6595**
- **Federal RQs as well as State RQs for OSHA chemicals**
- **Tier II filed online through LSP website**
- **Tier II report to SERC, LEPC & fire department, unless LSP has agreement with LEPC**
- **500 lb. threshold or lower for all chemicals**





## State Considerations – New Mexico

- Spill Reports, Tier II, and TRI reports go to DHSEM
- 24-hour spill Line: 505-476-9635
- Tier II Submit reported via CD to DHSEM
- Report only to SERC, who will forward to LEPCs and fire departments



## State Considerations – Oklahoma

- **Spill Reports, Tier II, and TRI reports go to ODEQ**
- **24-hour spill Line: 800-522-0206**
- **Tier II Submit reported online to ODEQ**
- **Report only to SERC, who will forward to LEPCs and fire departments**



## **State Considerations – Texas**

- **Tier II, and TRI reports go to TCEQ**
- **24-hour spill Line: 800-832-8224**
- **Federal RQs & few State RQs**
- **Tier II Submit reported by email to TCEQ**
- **Submit Tier II report to LEPC & fire departments**

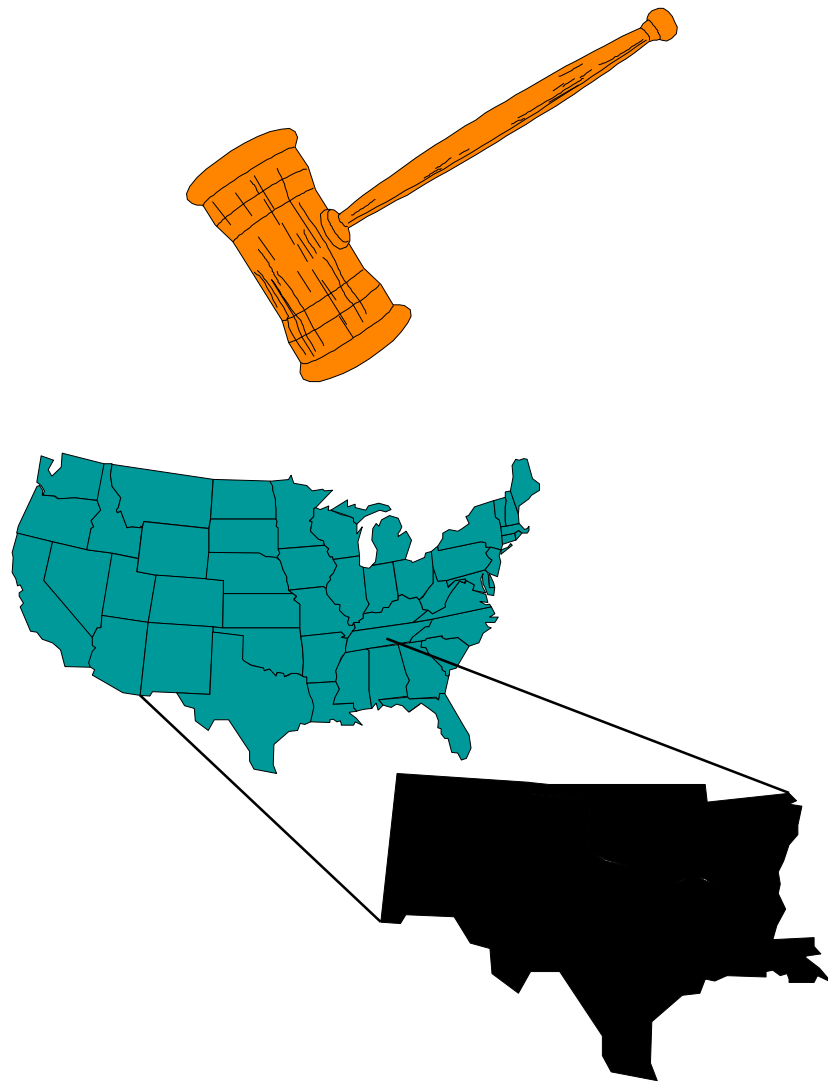


# LEPC Responsibilities Under EPCRA



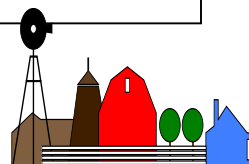
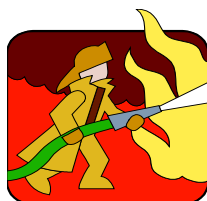
## State and local structure

- **§ 301 of EPCRA required State to establish Local Planning Districts and appoint LEPC within each district.**
- **Approximately 530 LEPCs within Region 6, 3,200 nationwide.**
- **In Region 6, 99% of the LEPCs are based on county/parish jurisdictions**



**Under § 301 of EPCRA, each LEPC will include representatives from each of following:**

- **State and local officials;**
- **Law enforcement, Civil Defense, Firefighting, First aid, Health, Local environmental, Hospital and Transportation**
- **Broadcast & print media**
- **Community groups**
- **Facility owners and operators subject to EPCRA**



- **Appoint chairperson and establish rules by which committee shall function**



**Rules shall cover:**

- **Public notification of activities of LEPC**
- **Dissemination of emergency plan, including public comments and responses**

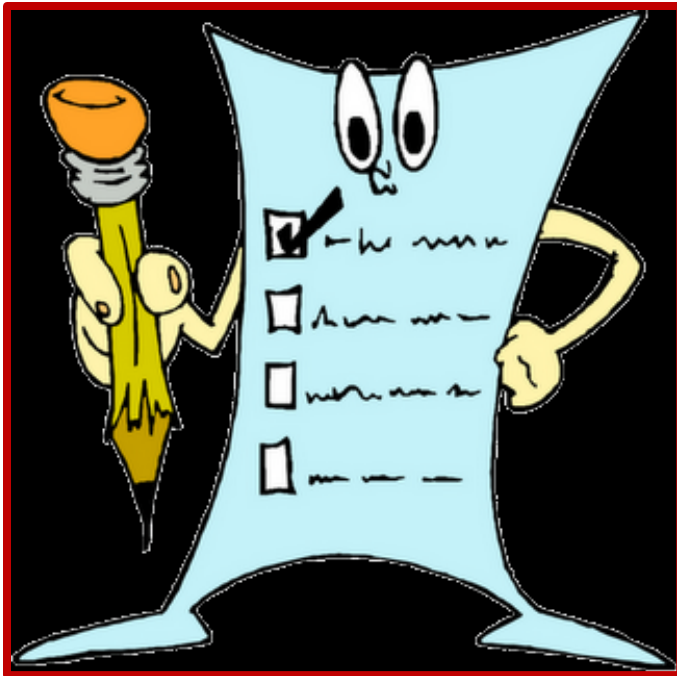
- Establish procedures for receiving and processing public requests for information, including Tier II information



- Designate official to serve as coordinator for information



- Each LEPC required to develop emergency plan by October 17, 1988.



- LEPC required to review plan at least annually to ensure changes in community addressed

- **Establish a community emergency coordinator to receive emergency notifications (initial and follow-up) by facilities**



- Upon request, make available Tier II information, MSDSs, or emergency notification follow-ups for specific facility within 45 days of request
- Several states take on responsibility for LEPC



- This information shall be made available during normal working hours at designated location

- Fire department shall have on-site inspection capabilities for any facility filing Tier II information



- **Annually publish local newspaper notice on where information can be reviewed**

## **PUBLIC NOTICE**

**Pursuant to 42 USC #11044**

The Worth County Local Emergency Planning Committee hereby notifies the public that emergency response plans, hazardous materials data sheets and inventory forms have been submitted pursuant to the Emergency Planning and Community Right-to-Know Act. These materials along with any follow up emergency notices may be reviewed at 320 S. Lyon Avenue, Grant City, Mo. upon appointment. Contact (660) 564-3544 to schedule an appointment.

- **Ability to take civil action against any facility which does not file required information**



## **LEPC must accomplish following tasks annually:**

- **Review and update of county response plan**
- **Publish location during working hours where information may be reviewed by public in accordance with Right-to-Know Act. You can use both broadcast and print media for this, as well as social media**
- **Update Tier II report file**



**Other things not required, but should be done annually include:**

- **Training review: What training was accomplished during the year? What needs to be done next year?**
- **Outreach review: Was the LEPC activities advertised to the community through events and other avenues?**



## **Other things not required, but should be done annually include:**

- **Money review:** Have all funds been expended received through grants, fees, donations, etc.? If not, how do we use remainder? What do we need for next year or future years?
- **Membership review:** Are there changes needed in membership, such as fewer or more members? Does anyone have a conflict that will prevent service for coming year? Do we need to nominate any new members?.







**Conclusion: EPCRA has two main purposes**

- **Support planning for responding to accidents**
- **Provide community with data about potential chemical hazards**
- **For law to work, industry, citizens, and government at all levels must work to plan for accidents and to reduce risk from releases**