

## PA DEP – EMERGENCY RESPONSE INCIDENT REPORT

| INCIDENT                           |                                                                                                    |              |              |
|------------------------------------|----------------------------------------------------------------------------------------------------|--------------|--------------|
| Brief Description:                 | ERT response to a fire at Ethane Cracking Furnace #5 at Shell Chemicals, Potter Twp, Beaver County |              |              |
| Incident Date & Time:              | 2:19 PM on 6/4/25                                                                                  |              |              |
| Weather Conditions:                | Clear, dry and 70 degrees F                                                                        |              |              |
| LOCATION                           |                                                                                                    |              |              |
| County:                            | Beaver County                                                                                      |              |              |
| Municipality:                      | Potter Township                                                                                    |              |              |
| Address / Directions:              | 300 FRANKFORT RD MONACA, PA 15061-2210                                                             |              |              |
| Latitude / Longitude:              | Lat:                                                                                               | Lon:         | Data Source: |
| POTENTIAL RESPONSIBLE PARTY        |                                                                                                    |              |              |
| Contact Person:                    | KIMBERLY KAAL, Environmental Manager                                                               |              |              |
| Company / Organization:            | SHELL CHEM APPALACHIA LLC                                                                          |              |              |
| Address:                           | 300 FRANKFORT RD MONACA, PA 15061-2210                                                             |              |              |
| Phone Number:                      | 724-814-4503                                                                                       |              |              |
| PROPERTY OWNER / FACILITY CONTACT  |                                                                                                    |              |              |
| Contact Person:                    | same as RP                                                                                         |              |              |
| Company / Organization:            |                                                                                                    |              |              |
| Address:                           |                                                                                                    |              |              |
| Phone Number:                      |                                                                                                    |              |              |
| INSURANCE COMPANY INFORMATION      |                                                                                                    |              |              |
| Contact Person:                    | n/a                                                                                                |              |              |
| Company:                           |                                                                                                    |              |              |
| Phone Number:                      |                                                                                                    |              |              |
| Policy Number:                     |                                                                                                    |              |              |
| TRANSPORTATION RELATED INFORMATION |                                                                                                    |              |              |
| Carrier Contact Person:            | n/a                                                                                                |              |              |
| Carrier Company:                   |                                                                                                    |              |              |
| Carrier Address:                   |                                                                                                    |              |              |
| Carrier Phone Number:              |                                                                                                    |              |              |
| License Plate:                     | Truck / Tractor:                                                                                   | Trailer:     | DOT #:       |
| Police Report:                     | Police Dept.:                                                                                      | Report #:    |              |
| CLEANUP CONTRACTOR                 |                                                                                                    |              |              |
| Contact Person:                    | n/a                                                                                                |              |              |
| Company / Organization:            |                                                                                                    |              |              |
| Address:                           |                                                                                                    |              |              |
| Phone Number:                      |                                                                                                    |              |              |
| DEP Emerg. Contract:               | <input type="checkbox"/> Yes <input type="checkbox"/> No    Estimated Cost: \$                     |              |              |
| OTHER AGENCIES INVOLVED            |                                                                                                    |              |              |
| Agency                             | Contact Person                                                                                     | Phone Number |              |
| none                               |                                                                                                    |              |              |
|                                    |                                                                                                    |              |              |
|                                    |                                                                                                    |              |              |
|                                    |                                                                                                    |              |              |
|                                    |                                                                                                    |              |              |
|                                    |                                                                                                    |              |              |

## OBSERVATIONS / REMARKS

Don Bialosky PADEP ERT Manager contacted me at 7:43 PM to respond to a fire and possible butadiene and benzene emissions at Shell Chemicals. I was not at home when I received the call. I departed my home for the incident at 8:55 PM. I had already performed a bump test of my Altair 5X PID. I arrived at Shell Chemicals at 9:30 PM. There was no unusual/emergency activity on site. I did not observe any visible, fugitive or odor emissions. The Altair 5x PID did not register any emissions above 0 ppm. I announced my presence at the Admin Security Gate. They called for their Security manager. I spoke with Lauren Uffleman, Shell Chemicals EH&S. She gave me the basic overview of the incident. She had already called me and left several voicemails concerning the incident. I will attach the voicemails to the report. Lauren Uffleman had Kim Kaal, Shell Chemicals EH&S Manager call me back. I spoke with Kim Kaal at 9:45 PM and she informed me of the incident in detail. Ethane Cracking Furnace (ECF) #5 (Source 035) experienced a fire beginning at 2:19 PM from furnace overpressure. The cause of the furnace overpressure is unknown. The fire caused smoke and VE from the furnace and stack for approximately 9 minutes. Fire fighting efforts continued until 4:00 PM. ECF #5 was not in production during the fire. It was operating under Pilots only. Shell reported possible butadiene and benzene emissions during the incident since there may be residual benzene and butadiene in the system even though there was no production and the reporting levels are so low. Shell will perform emissions calculations to determine if any benzene or butadiene emissions occurred and include that information in their subsequent reports to the NRC and PADEP. The NRC incident # is 1433121. Shell will submit the subsequent incident and malfunction reports as required to NRC and PADEP. Shell evacuated 15 employees due to the fire. There were no fire related injuries. There was one heat related injury. Fire fighting water runoff was captured by the collection system and sent to the WWTP. The incident did not cause any additional flaring by the Total Enclosed Ground Flares or Elevated Flare. Shell fence line monitoring did not report any emissions from the incident. Currently, the following sources are in operation: ECF 1, 2, 3 and PE 1. Shell confirmed that there were no ongoing emissions or fire. I spoke with Don Bialosky, PADEP ERT Manager, at 10:01 PM. We discussed the incident. We agreed that there was no reason to observe the ECF #5 at this point. I also met with two of Shell Chemicals Corporate Relations people on site: Kenyatta Miles and Joe Minnitte. I departed from Shell Chemicals at 10:15 PM.

| DEP INCIDENT TYPE                                                    |                                                                                                                   |                                                                                                      |                                                                                                             |                                                  |                                                                       |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Air Contamination                | <input type="checkbox"/> Land Contamination / Waste                                                               | <input type="checkbox"/> Mining Incident                                                             | <input type="checkbox"/> Oil or Gas Well Incident                                                           |                                                  |                                                                       |
| <input type="checkbox"/> Radioactive Material                        | <input type="checkbox"/> Storage Tank Incident                                                                    | <input type="checkbox"/> Water Contamination                                                         | <input type="checkbox"/> Water Supply Contamination                                                         |                                                  |                                                                       |
| <input type="checkbox"/> Other or Non-DEP Incident:                  |                                                                                                                   |                                                                                                      |                                                                                                             |                                                  |                                                                       |
| RELEASE TYPE                                                         |                                                                                                                   |                                                                                                      |                                                                                                             |                                                  |                                                                       |
| <input type="checkbox"/> Discharge / Release                         |                                                                                                                   | <input type="checkbox"/> Dumping / Disposal                                                          |                                                                                                             | <input checked="" type="checkbox"/> Fire Related |                                                                       |
| <input type="checkbox"/> None                                        |                                                                                                                   | <input type="checkbox"/> Spill                                                                       |                                                                                                             | <input type="checkbox"/> Unknown                 |                                                                       |
| <input type="checkbox"/> Other:                                      |                                                                                                                   |                                                                                                      |                                                                                                             |                                                  |                                                                       |
| MEDIA AFFECTED                                                       |                                                                                                                   |                                                                                                      |                                                                                                             |                                                  |                                                                       |
| <input checked="" type="checkbox"/> Air                              | <input type="checkbox"/> Land                                                                                     | <input type="checkbox"/> Surface Water                                                               | <input type="checkbox"/> Ground Water                                                                       | <input type="checkbox"/> Within Facility Only    | <input type="checkbox"/> None                                         |
| Waterway:                                                            |                                                                                                                   |                                                                                                      |                                                                                                             | <input type="checkbox"/> Affected                | <input type="checkbox"/> Threatened                                   |
| Area of Stream Affected:                                             |                                                                                                                   | <input type="checkbox"/> None or N/A <input type="checkbox"/> See OBSERVATIONS / REMARKS section.    |                                                                                                             |                                                  |                                                                       |
| Public Water Supply:                                                 |                                                                                                                   |                                                                                                      |                                                                                                             | <input type="checkbox"/> Affected                | <input type="checkbox"/> Threatened <input type="checkbox"/> Notified |
| Public Sewage Treat.:                                                |                                                                                                                   |                                                                                                      |                                                                                                             | <input type="checkbox"/> Affected                | <input type="checkbox"/> Threatened <input type="checkbox"/> Notified |
| Endangered Species Impacted:                                         |                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown | Species:                                                                                                    |                                                  |                                                                       |
| Endangered Species Habitat Impacted:                                 |                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown | Species:                                                                                                    |                                                  |                                                                       |
| Cultural Resource Impacted:                                          |                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown | Type:                                                                                                       |                                                  |                                                                       |
| Migratory Bird Impacted:                                             |                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown | Species:                                                                                                    |                                                  |                                                                       |
| SUBSTANCES(S) INVOLVED                                               |                                                                                                                   |                                                                                                      |                                                                                                             |                                                  |                                                                       |
| Substance                                                            | CAS Number                                                                                                        | Lowest Published Exp. Limit                                                                          | Total Amt Involved                                                                                          | Amt. Released                                    | Amt. Recovered                                                        |
|                                                                      |                                                                                                                   |                                                                                                      |                                                                                                             |                                                  |                                                                       |
| SOURCE OF MATERIAL                                                   |                                                                                                                   |                                                                                                      |                                                                                                             |                                                  |                                                                       |
| <input type="checkbox"/> Above Ground Storage Tank                   | <input type="checkbox"/> Highway - Cargo                                                                          | <input type="checkbox"/> Highway -Fuel / Fluids                                                      | <input checked="" type="checkbox"/> Industrial / Commercial                                                 |                                                  |                                                                       |
| <input type="checkbox"/> Mining / Quarry                             | <input type="checkbox"/> None                                                                                     | <input type="checkbox"/> Oil / Gas Well                                                              | <input type="checkbox"/> Pipeline                                                                           |                                                  |                                                                       |
| <input type="checkbox"/> Railway (Train)                             | <input type="checkbox"/> Residential / Community                                                                  | <input type="checkbox"/> Underground Storage Tank                                                    | <input type="checkbox"/> Unknown                                                                            |                                                  |                                                                       |
| <input type="checkbox"/> Vessel (Boat)                               | <input type="checkbox"/> Other:                                                                                   |                                                                                                      |                                                                                                             |                                                  |                                                                       |
| MONITORING INFORMATION                                               |                                                                                                                   |                                                                                                      |                                                                                                             |                                                  |                                                                       |
| Monitoring Conducted:                                                | <input checked="" type="checkbox"/> Air <input type="checkbox"/> Radiation <input type="checkbox"/> Water Quality |                                                                                                      |                                                                                                             |                                                  |                                                                       |
| Monitoring Results:                                                  | <input type="checkbox"/> None or N/A <input checked="" type="checkbox"/> See OBSERVATIONS / REMARKS section.      |                                                                                                      |                                                                                                             |                                                  |                                                                       |
| SAMPLE INFORMATION                                                   |                                                                                                                   |                                                                                                      |                                                                                                             |                                                  |                                                                       |
| Sample(s) Collected:                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                               |                                                                                                      |                                                                                                             |                                                  |                                                                       |
| Sample Description(s):                                               |                                                                                                                   |                                                                                                      |                                                                                                             |                                                  |                                                                       |
| DEP MATERIALS / EQUIPMENT USED (Sorbents, Test Strips, Meters, etc.) |                                                                                                                   |                                                                                                      |                                                                                                             |                                                  |                                                                       |
| Altair 5X PID                                                        |                                                                                                                   |                                                                                                      |                                                                                                             |                                                  |                                                                       |
| DEP RESPONDER INFORMATION                                            |                                                                                                                   |                                                                                                      |                                                                                                             |                                                  |                                                                       |
| Name: Scott Beaudway                                                 |                                                                                                                   | Title: AQS                                                                                           |                                                                                                             | Phone: 412-417-7952                              |                                                                       |
| Mileage (Portal-to Portal): 29                                       |                                                                                                                   | Time (Response + Travel + Documentation + Refitting):                                                |                                                                                                             | 0 Reg. Hrs. 3.75 OT Hrs.                         |                                                                       |
| PROGRAM REFERRAL (For Information and/or Follow up)                  |                                                                                                                   |                                                                                                      |                                                                                                             |                                                  |                                                                       |
| Program                                                              | Staff Notified                                                                                                    | Date                                                                                                 | Via                                                                                                         |                                                  |                                                                       |
| PADEP Air Quality                                                    | Steve Wiedemer                                                                                                    | 6/4/25                                                                                               | <input checked="" type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> In Person |                                                  |                                                                       |
| PADEP SWRO Management                                                | Kevin Halloran, Eric Gustafson                                                                                    | 6/4/25                                                                                               | <input checked="" type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> In Person |                                                  |                                                                       |

