



Slug Discharge Survey

SLUG DISCHARGE [40CFR §403.8(f)(2)(v)]: Any discharge of a non-routine, episodic nature, including but not limited to, an accidental spill or a non-customary batch discharge.

Facility Name: _____

Address: _____

SSPC Plan Emergency Contact: _____

Title: _____

Work Phone: _____ Emergency Phone: _____

Secondary Contact: _____

Title: _____

Work Phone: _____ Emergency Phone: _____

Note: (If extra space is needed to complete this form attach a separate page.)

1. Does your facility have a Spill Control or Slug Control Plan? Y ____ N ____

If (Yes), attach a copy and be sure information is correct and current.

2. Work days: M ____ T ____ W ____ T ____ F ____ S ____ S ____ How many shifts? ____

3. Number of employees per shift: 1. ____ 2. ____ 3. ____

Shift Start Time: 1. ____ 2. ____ 3. ____

Shift End Time: 1. ____ 2. ____ 3. ____

If shift information varies between workdays, please indicate: Y ____ N ____

Explain: _____

4. Give a brief description of the operations at your facility: _____

5. Identify all Categorical Pretreatment Standards which apply to your facility:

6. Which would best describe your process? Batch ____ Continuous ____

7. If Batch Discharge, list the frequency of batches per time period. (e.g., 1/wk.).

Number of batches per week _____ Volume per batch _____

8. List all constituents of Continuous Discharge and Daily Discharge as they apply.

Volumes of each: _____

9. Describe any previous spill from your facility and the corrective actions taken to prevent future occurrences: Attach to survey. Include Year, Month, Shift.

10. Was BJWSA notified within specified time limits on the Discharge Agreement?

Y ____ N ____ Person Contacted: _____

11. Check all security provisions as they apply to your facility and include any not listed in the comments section. (Be sure to reference items.)

____ Lighting

____ Security Personnel

____ Visitor Passes

____ Secure Hatches

____ Controlled Access

____ Surveillance Monitoring

____ Locked entrances to facility

____ Contractor Identification

____ Fencing

____ Guard House Entrance

____ Valve Locks on Drains

____ I.D. Badges in Use

____ Locked Gates

12. Describe in detail all procedures to be followed in response to a spill at your facility and for modifying the Slug Control Plan when necessary. (Attach any forms or additional sheets needed.) _____

13. Describe any spill prevention program and response training at your facility.

14. Date of last training: Month/Year _____ Conducted by: (***Give full name and title of individual***).

Name: _____ Title: _____

15. List all chemicals and materials stored including quantities at your facility. (*if needed, use a separate page and attach.*) _____

16. List constituents of stored materials and or chemicals: _____

17. Are there any drains in the storage area? Y _____ N _____

18. Are there containment structures around storage areas? Y _____ N _____

19. Have all related MSDS sheets been supplied to BJWSA? Y _____ N _____

20. Attach drawings showing the facility layout and process flow diagrams.

Name of individual completing this survey: _____

Title of individual completing this survey: _____

Note:

This survey is a prerequisite of the EPA's: Control of Slug Loading to POTW's and is regulated via the South Carolina Department of Health and Environmental Control Pursuant to South Carolina Code. Should you need further information regarding the completion of this form, please contact Oliver Simmons or Earl Sheppard at Beaufort Jasper Water and Sewer Authority.

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