



### 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:

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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.)

<input type="checkbox"/> Lighting	<input type="checkbox"/> Contractor Identification
<input type="checkbox"/> Security Personnel	<input type="checkbox"/> Fencing
<input type="checkbox"/> Visitor Passes	<input type="checkbox"/> Guard House Entrance
<input type="checkbox"/> Secure Hatches	<input type="checkbox"/> Valve Locks on Drains
<input type="checkbox"/> Controlled Access	<input type="checkbox"/> I.D. Badges in Use
<input type="checkbox"/> Surveillance Monitoring	<input type="checkbox"/> Locked Gates
<input type="checkbox"/> Locked entrances to facility	

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.)  
\_\_\_\_\_

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

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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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