SPILL/SLUG CONTROL PLAN

•	on of the facility . Facility Name: Address	
3	Wastewater Permit #: Authorized Signatory: Title: Work Phone: Other contact number: Contact Person: Title: Work Phone: Other contact number: Type of Business: Operating Schedule:	
	Days per week Number of Shifts Hours of Shift # Employees per Shift	
7.	Average daily wastewater flow: Hours of discharge: Monday - Friday Saturday Sunday Categorical Pretreatment Standards applicable at facility:	

B. Description of discharge practices, including non-routine batch discharge 1. Process discharge practices

Process Description	Average	Maximum	Type of Discharge
	Flow (gpd)	Flow (gpd)	(batch, continuous, none)

	2. If the facility has chemical storage containers, binds, barrels, or ponds in a manufacturing area, could an accidental spill lead to a discharge to: (Check all that apply).
	 [] an onsite disposal system [] public sanitary sewer system (e.g. through a floor drain) [] storm drain [] to the ground [] other, specify
	[] not applicable, no possible discharge to any of the above routes3. Describe the floor drains in your manufacturing and chemical storage areas?Where do they discharge?
C Descri	ption of stored chemicals
	1. Description of security provisions dealing with chemical storage, treatment and process control (i.e. overflow alarms on tanks, etc.)
	2. Describe chemical storage containers, bins, barrels or ponds at your facility. Please give a description of their locations, contents, size, type and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers in relation to a sewer or storm drain. Indicate if buried metal containers have cathodic protection. Also indicate how these chemical storage containers are moved within the facility.

- D. Procedures for notification and adopted plans in case of a spill
 - 1. Notify Company Supervisor
 - 2. Notify Emergency Contact Person
 - 3. Emergency notice to employees of spill and chemical involved.
 - 4. Notify

City of Round Rock Environmental Services Department 3400 Sunrise Road Round Rock, TX 78665 phone (512) 218-5561 fax (512) 341-3316

Then notify

Brushy Creek Regional Wastewater Plant (512) 218-5555

- 5. Contain the spill as soon as possible.
- 6. If it has reached the sanitary sewer:
 - a. Neutralize if possible
 - b. Contain or stop the release of the spill
- 7. Estimate the size of the spill and chemicals involved.
- 8. Notify the City of Round Rock immediately but not to exceed 24 hours of becoming aware of spill.
- 9. A written report must be sent to the City of Round Rock within 5 days. The report should specify:
 - a. Description and cause of the discharge, including location of the discharge, type, concentration and volume of discharge.
 - b. Duration of the discharge including exist dates and time, if not corrected, the anticipated time the noncompliance is expected to continue.
 - c. All steps taken or to be taken to reduce, eliminate, and prevent continuation or recurrence of such a slug load, accidental discharge, spill or other conditions of non-compliance.

E. Procedures to prevent adverse impact from any accidental spill or slug discharge.

- 1. Routine inspection and maintenance of chemical/liquid storage containers/areas.
 - a. Check containers regularly for cracks, holes and deteriorating metal that could result in leaks.
 - b. Check chemical storage areas and containers on a regular basis to insure leaks are not occurring.
- 2. Procedures for handling and transferring liquids/solids
 - a. Monitor solution level when filling tanks to prevent overflow.
 - b. Loading and unloading procedures
 - c. Use Special Control valves
- 3. Describe the controls in place to prevent liquids from leaving the plant site, including storm water run-off.
- 4. Employee training and documentation: To educate employees handling the chemicals and the importance of not releasing those chemicals to the sanitary sewer system.
- 5. Secondary containment for liquid storage tanks.
- 6. Measures for containing organics, such as solvents, on-site.
- 7. Emergency response measures posted throughout the plant.

	8. Equipmen	it on hand to help	contain spills.				
	1] pumps	•				
	i] chemical abso	rbent pads				
	j	neutralization	•				
	[] sand bags						
	[] other						
F. Spill/Slug Control Certification Statement * Based on my inquiry of the person or persons directly responsible for preparing and managing the Spill/Slug Control Plan, I certify that this facility is implementing the above plan.							
	Name			Title			
	Signature			Date		Telephone	
	* To ensure	applicability, plan	must be reviewed a	nd signed ann	nually.		

Cover page of plan should include date plan was put into effect and signature and dates of annual review/updates.