

[Name of Company]  
Accidental Discharge and Slug Control Plan  
(ADSCP)

**1. Background**

The City of St. Joseph's Publicly Owned Treatment Works (POTW) is required to ensure that IUs have policies and procedures in place to prevent or mitigate the effects of Slug Discharges.

A slug discharge is any discharge of a non-routine, episodic nature, including but not limited to an accidental spill or a non-customary batch discharge, which has a reasonable potential to cause interference or pass through at the POTW, or in any other way violates St. Joseph City Code, state or federal regulations, local limits or permit conditions.

This plan meets the requirements set forth in St. Joseph City Code §29-161(f).

**2. Purpose**

The purpose of this plan is to document policies and procedures intended to:

- Prevent accidental spills or leakage of pollutants causing slug loads to the combined sewer system;
- Prevent non-routine batch discharges of pollutants causing slug loads to the POTW;
- Provide a plan of action should an accidental discharge to the POTW take place;
- Provide criteria for prompt action and notification of personnel qualified to deal with a spill or leak;
- Outline regulatory agency notification and reporting requirements that must be followed in the case of an accidental or slug discharge.

**3. General Information**

A. Facility Name: \_\_\_\_\_

B. Facility Address: \_\_\_\_\_

C. Authorized Signatory & Title: \_\_\_\_\_

a. Work Phone: \_\_\_\_\_

b. Alternate Phone: \_\_\_\_\_

D. Facility Contact: \_\_\_\_\_

a. Work Phone: \_\_\_\_\_

b. Alternate Phone: \_\_\_\_\_

E. Nature of Business: \_\_\_\_\_

\_\_\_\_\_

[Name of Company]  
Accidental Discharge and Slug Control Plan  
(ADSCP)

F. Schedule of Operations

- a. Hours of Operation: \_\_\_\_\_
- b. Number of Shifts: \_\_\_\_\_
- c. Hours of Shifts: \_\_\_\_\_
- d. Employees per Shift: \_\_\_\_\_

G. Nature of Discharge

- a. Average Daily Wastewater Flow: \_\_\_\_\_
- b. Hours of Discharge: \_\_\_\_\_
- c. Description of any batch or infrequent discharges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Applicable Categorical Pretreatment Standards: \_\_\_\_\_

**4. Layout and Equipment**

- A. Attach a facility diagram detailing the locations of all manufacturing or commercial activities, property boundaries, floor drains and other connections to the sewer, all chemical storage areas, loading/unloading areas, stormwater drains and direction of stormwater drainage.
- B. Attach a flow diagram detailing chemical and wastewater flows including location of pretreatment systems, tank locations and capacities, piping and instrumentation, and flow rates.

[Name of Company]  
Accidental Discharge and Slug Control Plan  
(ADSCP)

C. List all equipment currently available to contain spills. Such equipment might include secondary containment structures (e.g. berms, curbed areas, spill pallets, etc.), drain plugs, isolation valves, sump pumps, chemical absorbent pads, neutralizing agents, sand bags, and physical barriers.\_\_\_\_

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**5. Spill Prevention**

A. Describe company procedures for training employees in spill prevention, clean up, disposal, notification, and reporting:\_\_\_\_\_

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B. Describe procedures used to prevent intermittent batch discharges from causing slug loads to the POTW.\_\_\_\_\_

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[Name of Company]  
Accidental Discharge and Slug Control Plan  
(ADSCP)

C. Does the facility monitor solution level when filling tanks to prevent overflow?

Yes \_\_\_ No \_\_\_ If yes, how often? \_\_\_\_\_

D. Does the facility routinely inspect tanks for cracks, holes, material degradation, and corrosion that could result in leaks or spills?

Yes \_\_\_ No \_\_\_ If yes, how often? \_\_\_\_\_

E. Are chemical storage areas and containers routinely inspected to ensure that no leakage is occurring?

Yes \_\_\_ No \_\_\_ If yes, how often? \_\_\_\_\_

F. Are secondary containment structures and devices routinely inspected to ensure that the integrity of such structures and devices and related coatings, membranes, linings, or other features have not been compromised?

Yes \_\_\_ No \_\_\_ If yes, how often? \_\_\_\_\_

G. Are employees educated with regard to careful handling of chemicals, spill containment procedures, and keeping chemical pollutants from the sanitary or combined sewers?

Yes \_\_\_ No \_\_\_ If yes, how often? \_\_\_\_\_

H. Describe any additional spill prevention measures you employ: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Name of Company]  
Accidental Discharge and Slug Control Plan  
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**6. Spill Protocol**

A. List and describe actions to be taken to contain spills: \_\_\_\_\_

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B. List and describe actions to be taken to clean up spills: \_\_\_\_\_

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C. List and describe actions to dispose of spilled materials: \_\_\_\_\_

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[Name of Company]  
Accidental Discharge and Slug Control Plan  
(ADSCP)

**7. Notification**

In the case of a spill, leak, slug, or other accidental discharge to the sanitary or combined sewer, St. Joseph's Water Protection division shall be notified immediately via telephone. Do not simply leave a voice mail message: Continue down the list of phone numbers until a Water Protection representative is notified in person. The notification shall include location of discharge, type of waste, concentration, volume, and corrective actions taken.

Within 5 working days of the accidental discharge, send written notification to Water Protection describing the cause of the discharge and measures being taken to prevent similar future occurrences. The report shall be submitted to:

St. Joseph Water Protection  
Attention: Industrial Pretreatment Program  
3500 State Rough 759  
St. Joseph, MO 64504-1014

A. City Departments

**Water Protection**

Industrial Pretreatment Coordinators (816) 596-8003 or 8008  
Main Desk: (816) 271-4693  
After-hours City Dispatch: (816) 271-4848

**Fire Department**

Emergency Management Coordinator: (816) 271-4603  
Chief of Fire Prevention: (816) 271-4604

B. Applicable Federal and State Regulatory Agencies:

**MO DNR – 24-Hour Spill Line** (573) 634-2436  
(Contact within 15 minutes for chemical releases)  
**Emergency Management** for Buchanan County (816) 271-1574  
(Contact within 15 minutes for chemical releases)  
**National Response Center** 1-800-424-8802  
(Contact within 15 minutes for chemical releases)

C. Company Officials

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[Name of Company]  
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(ADSCP)

**8. Chemicals Inventory**

A. List chemicals stored at your facility:

Trade Name	Chemical Name	Purpose of Chemical	Location/Area
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

B. Describe any on site tanks and their contents: \_\_\_\_\_

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[Name of Company]  
 Accidental Discharge and Slug Control Plan  
 (ADSCP)

C. Describe secondary containment facilities: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Certification

<i>I certify that the equipment and procedures described herein will provide adequate protection from accidental and slug discharges to the POTW when used and maintained properly.</i>	
<b>Name of Preparer</b>	<b>Title of Preparer</b>
<b>Signature of Preparer</b>	<b>Date of Signature</b>

<i>Based on my inquiry of the person or persons directly responsible for managing compliance with the measures described herein, I certify, to the best of my knowledge and belief, that this facility is successfully implementing this accidental discharge/slug control plan.</i>	
<b>Name of Authorized Representative</b>	<b>Title of Authorized Representative</b>
<b>Signature of Authorized Representative</b>	<b>Date of Signature</b>