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# MANATEE COUNTY GOVERNMENT SPILL/SLUG DISCHARGE CONTROL PLAN FORM

Utilities  
Wastewater Compliance  
3525 Lena Road  
Bradenton, FL 34211  
Phone: (941) 792-8811, ext. 5180  
[www.mymanatee.org/utilities](http://www.mymanatee.org/utilities)

**Company:** \_\_\_\_\_  
**Dated:** \_\_\_\_\_

## **INTRODUCTION**

### **1. Purpose**

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, or in any way violate the Manatee County Sewer Use Ordinance, local limits, or permit conditions. Examples include chemical spills that enter the sanitary sewer, and process wastewater that enters the sanitary sewer untreated.

The purpose of the slug control plan is to document protocols for the prevention of slug discharges and the protocols for notification in the event one occurs. Manatee County Government is required by both federal and state regulations to have policies and procedures in place to prevent or mitigate the effects of slug discharges.

### **2. Directions for completing Slug Control Plan**

To assist you in completing the Plan, the following is a list of classes of pollutants that may result in slug loadings.

- Biological Wastes (*such as whey solids, or antibiotics*)
- Chemical Feedstocks (*such as nitrobenzene, aniline, phenol, cumene phthalic anhydride, or cyclohexane*)
- Corrosives – Strong Acids (*such as hydrochloric acid, sulfuric acid, nitric acid, or chromic acid*) or Strong Bases (*such as caustic soda, lye, or ammonia*)
- Detergents
- Explosive Chemicals (*such as TNT, nitroglycerin, metallic sodium, ammonium nitrate, picric acid, or lead azide*)
- Flammable Chemicals (*such as phosphorous pentasulfide, acetone, naphtha, methyl isobutyl ketone, sodium sulfide, hexane, or cyclohexane*)
- Halogenated Solvents (*such as methylene chloride, perchloroethylene, or trichloroethane*)
- Metal Sludges (*such as metal hydroxide sludges from pretreatment operations*)
- Nonhalogenated Solvents (*such as alcohols, methyl ethyl ketone, or benzene*)
- Noxious/Fuming Chemicals (*such as phosphorous pentachloride or oxychloride, hydrofluoric acid, cyanide, or chloroform*)
- Oils and Fuels (*such as diesel oil, bunker fuel oil, gasoline, cottonseed oil, or linseed oil*)
- Oxidants (*such as chlorine dioxide, phosphorous pentoxide, potassium permanganate, or sodium chlorate*)
- Paints, Pigments, Dyes, Inks and Thinners
- Pesticides
- Plating Baths and Pickling Liquors
- Radioactive Materials
- Reductants (*such as sodium borohydride, phosphine, or methyl hydrazine*)
- Resins (*such as ABS resins, phenolic resins, or vinyl resins*)
- Tars, Creosotes, and Pitch
- Varnishes, Lacquers, and Waxes

**Spill / Slug Discharge Control Plan**

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For the purposes of reporting a slug release to the Manatee County Utilities Department Office of Wastewater Compliance, the following guidelines should be used.

- 10 lbs. or more heavy metals (including arsenic, cadmium, chromium, copper, lead, mercury, nickel, silver, zinc, and/or cyanide) in solution.
- 1 gallon or more of any toxic organic substances listed in 40 CFR Part 122 Appendix D, Tables II and III.
- All flammable liquids above one gallon.
- Any other liquid material determined to have adverse effects on the sanitary sewer collection system and/or wastewater treatment facilities (including alkalis or alkaline substances, oils, foam generating wastes, highly colored wastes, pesticides and solvents not previously listed).

Complete the Slug Control Plan as directed in this form. Be sure to answer all questions (write "N/A" for not applicable, if necessary) and provide all requested information.

Your procedure for immediately notifying the Manatee County Office of Wastewater Compliance of slug discharges, including any discharge that would violate a prohibition under F.A.C. Rule 62-625.400(2), should include a follow-up written notification within five days and if necessary, procedures implemented to prevent adverse impact from future accidental spills, including inspection and maintenance of storage areas, handling and transfer of materials, loading and unloading operations, control of plant site run-off, worker training, building of containment structures or equipment, measures for containing toxic organics (including solvents), and/or measures and equipment for emergency responses. Additional instructions for notification of slug loads can be found in the Monitoring Requirements section of your discharge permit.

**GENERAL INFORMATION**

Industrial User Name: \_\_\_\_\_

Industrial User Address: \_\_\_\_\_  
\_\_\_\_\_

Industrial User Discharge Permit Number: \_\_\_\_\_

Permit Expiration Date: \_\_\_\_\_

Primary Facility Contact with 24 hour phone number(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Secondary Facility Contact with 24 hour phone number(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**FACILITY DESCRIPTION**

**Nature of business.** *Please provide a brief but succinct description of your commercial operations. Include additional pages as needed for explanation.*

**Hours of operation.** *Include all days of the week your operation is staffed, as well as hours of each days staffed; include all shift information.*

**Number of Employees (Total):** \_\_\_\_\_

**Provide, and attach, detailed drawings of your facility.** Include the following information:

- Location of all raw materials
- Location of all chemicals used in operation
- Location of all stored solid and liquid wastes
- Location of all sanitary sewer access points, including floor drains and pretreatment systems discharge point(s)
- Location of outside exits
- Location of all posted notices of emergency contacts

**CHARACTERISTICS OF FACILITY WASTEWATER**

**Total gallons of process wastewater discharged per month:** \_\_\_\_\_

**Total gallons of domestic wastewater discharged per month:** \_\_\_\_\_

**Concentrations of process wastewater(s) discharged.** *For each process waste stream from your facility, provide identification of, and concentration for, each pollutant present. Include additional pages as needed for explanation.*

### **CHARACTERISTICS OF RAW MATERIALS**

**Inventory of all raw materials.** *Provide a summary of all raw materials employed in your process(es). Use the sheet below; make extra copies if necessary.*

**Inventory of all Chemicals.** *Provide a summary of all chemicals stored at your facility. Use the sheet below; make extra copies if necessary.*

**Inventory of all Hazardous and Non-Hazardous Wastes.** *Provide a summary of all hazardous and non-hazardous wastes generated at your facility. Use the sheet below; make extra copies if necessary.*

### **SPILL / SLUG CONTROL**

**Type of containment used for all chemicals, raw materials, and wastes.** *Provide a brief, but succinct, explanation of the type(s) of containment appurtenances and procedures employed to safeguard your facility from unexpected releases of chemicals, raw materials and wastes. Include additional pages as needed for explanation.*

**Do you have alarms for slug releases?** Yes No If you answered “yes”, please describe below.

**Do you have emergency response equipment available on site?** Yes No If you answered “yes”, please describe below.

**NOTIFICATION OF SLUG DISCHARGES**

**In the event of a Slug discharge into the Manatee County sanitary sewer collection system:**

- 1. Do you have procedures to immediately notify the Manatee County Wastewater Compliance Section? Yes No**
  
- 2. Do you have notices posted of appropriate contact persons with phone numbers? Yes No** If you answered “yes”, please attach a copy of each notice to this form.
  
- 3. Do you review and update your Spill/Slug Control Plan? Yes No** If you answered “yes”, please provide details of your schedule to do so, below.

**Provide a brief synopsis below of the training program dealing with your facility spill/slug control program. Include additional pages as needed for explanation.**

**CERTIFICATION STATEMENT**

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I also understand that applicable civil and criminal penalties may apply for any violation of pretreatment standards, requirements and/or compliance schedules.*

Print Name & Title of Representative: \_\_\_\_\_

Signature of Facility Representative: \_\_\_\_\_

Date of Signature: \_\_\_\_\_







