

# SLUG DISCHARGE CONTROL PLAN

# CITY OF SIOUX CITY, IOWA PRETREATMENT PROGRAM

---

The Information requested in the enclosed form is mandated under City of Sioux City's Pretreatment Ordinance and/or Federal and State Regulations. The City's Pretreatment Ordinance (Section 13.07.070.2(c)) requires the Public Works Director to evaluate whether each SIU needs an accidental discharge/slug discharge control plan or other action to control Slug Discharges. The Public Works Director may require any user to develop, submit, and implement such a plan or take such other action that may be necessary to control Slug Discharges. Please complete the required information and return to the City of Sioux City for review and approval. Once submitted this form will serve as the Plan.

## **GENERAL INSTRUCTIONS**

Please complete the attached form and return to the following address:

City of Sioux City  
c/o Pretreatment Coordinator  
3100 S Lewis Blvd  
Sioux City, IA 51106

*If you have any questions while completing this form, please contact the following Person(s):*

City of Sioux City  
Pretreatment Coordinator  
(712) 279.6987 (o)

# SLUG DISCHARGE CONTROL PLAN

# CITY OF SIOUX CITY, IOWA PRETREATMENT PROGRAM

## 1. FACILITY CONTACT INFORMATION

Company Name _____			Facility Telephone Number _____		
Mailing Address _____			Name of Facility Contact/Phone/Title _____		
City _____	State _____	Zip _____	IU Permit No. _____		

## 2. SIGNATURE OF AUTHORIZED REPRESENTATIVE

*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.*

Signature of Authorized Representative* _____			Date _____		
Name/Title _____			Telephone No. _____		

\* Slug Control Plans must be signed as follows: Corporations, by a principal executive officer of at least the level of vice president; partnership, by a general partner; sole proprietorship, by the proprietor, (ref: 40 CFR part 403.12(l))

**DISCLOSURE:** Title 40 of the Code of Federal Regulations Part 403 Section 403.14 requires information provided in this questionnaire identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR part 2 and applicable State Law.

## 3. BUSINESS ACTIVITY

### Employee Information

Type of Employee	Number	Schedule of Operation
Full Time	_____	Hours per Day: _____
Part Time	_____	Days per Week: _____
Contract	_____	Weeks per Year: _____
<b>Total</b>	_____	



**SLUG DISCHARGE CONTROL PROCEDURES**

*Per the City of Sioux City's Pretreatment Ordinance (Section 13.07.070.2(c)), the definition of a SLUG LOAD or SLUG DISCHARGE is as follows: Any discharge at a flow rate or concentration, which could cause a violation of the prohibited discharge standards in Section 13.07.070 of this Article. 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 other way violate the POTW's regulations, Local Limits or Permit conditions.*

**6. HISTORY OF SLUGS/SPILLS**

*Include relevant events or other decision to require this facility to have a slug control plan.*

**7. SLUG LOADING EMERGENCY NOTIFICATIONS**

*In the event an accidental spill or slug load reaches the sanitary sewer system, industries are required to immediately notify the City of Sioux City's Public Works Department 24-hour emergency phone number (712-202-3160).*

Describe procedures for immediate notification to the City and five (5) day follow-up report in the event of an accidental or slug discharge.

**8. SLUG LOADING PREVENTION PROCEDURES**

*The following components detail procedures which must be addressed as part of a Slug Discharge/Control Plan. Please provide details and information related to each component of your facility.*

**A. Inspection & Maintenance of Storage Areas (including how storage areas are secured)**

B. Handling & Transfer of Materials
C. Loading & Unloading
D. Control of Site Runoff
E. Worker Training
F. Building of Containment Structures of Equipment
G. Measures for Containing Toxic Organic Pollutants (including Solvents)
H. Measures & Equipment for Emergency Response

**9. OTHER RELATED INFORMATION NOT INCLUDED ABOVE**

*Include any additional information which would affect the facility's slug discharge control plan which was not covered above as applicable.*

--End of Plan--