

***Cedar City Regional Wastewater Treatment Facility
(CCRWTF)
Pretreatment Program Spill and Slug Control Plan, (SSCP)
TEMPLATE***

**CEDAR CITY REGIONAL
WASTEWATER TREATMENT
FACILITY,
(CCRWTF)
PRETREATMENT PROGRAM**

Spill and Slug Control Plan, (SSCP):

**REGULATORY REFERENCES:
40 CFR 403 / ORDINANCE 30A**

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Definition:

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.

Background:

The General Pretreatment Standards 40 Code of Federal Regulations, (CFR) 403.8 (f)(2)(vi) and the Utah code R317-8.8 (6)(b)-5 require the Cedar City Regional Wastewater Treatment Facility, (CCRWTF) Pretreatment Program to evaluate all Industrial Users, (IUs) (who meet specific regulatory criteria i.e. Significant Industrial User) and determine necessity for specific IU to implement a Spill and Slug Control Plan (SSCP). These standards also specify the minimum requirements for a SSCP. By implementing these Standards the CCRWTF Pretreatment Program is both working to ensure mutual compliance with Federal, State and Local regulations and working to limit/minimize the likelihood of a hazardous and/or non-hazardous chemical or non-authorized Spill/Slug-load from entering the City Sewer System and causing possible interference or pass through at the CCRWTF. Federal regulations under 40 CFR 403.5, and the Cedar City Pretreatment Ordinance 30a 2.1 provide lists of General and Specific Prohibitions notwithstanding Prohibited Discharges. These regulations are designed to protect the City Sewer infrastructure, the CCRWTF, City workers, the general public and the environment.

Hazardous Waste Discharge:

Any industrial user who commences the discharge of hazardous waste shall notify the POTW, the EPA Regional Waste Management Division Director, and the State Department of Environmental Quality, Division of Solid and Hazardous Waste authorities in writing of any discharge into the City Sewer/CCRWTF of a substance which, if otherwise disposed of, would be a hazardous waste under 40 CFR Part 261. The CCRWTF Pretreatment Program inspects/audits and monitors all industrial user hazardous waste inventories to ensure protection of the City Sewer infrastructure, the CCRWTF, City workers, the general public and the environment.

Purpose:

To assist various types of businesses including Commercial and industrial users to develop and implement a complete and concise SSCP. The CCRWTF Pretreatment Program has developed this SSCP guidance document. This SCP guidance document will not only help your facility avoid costly spill fine(s) and/or any remediation/cleanup cost(s); the SSCP will assist in generating a safer and more organized working environment of which will assist your business to retain long-term compliance with applicable regulations. With this said, below please take a moment to overview how a properly constructed and implemented SSCP can produce some or all the following benefits:

- | | |
|---|--|
| • Improved Incident/Accident Statistics, | • Reduction of Environmental Hazards, |
| • Improved Staff Health and Safety, | • Reduction of Liabilities (Insurance), |
| • Reduced Business Interruptions, | • Improved Regulatory Relations, |
| • Improved Environmental Compliance Record, | • Improved Publicity with Staff and Community, |
| • Greater Staff Awareness, | • Reduced Losses of Chemicals, |
| • Greater Control of Your Facility's Processes, | • Comfort and Security |

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SPILL AND SLUG CONTROL PLAN, (SSCP) INSTRUCTIONS:

AT A MINIMUM, ANY SSCP SHALL BE REQUIRED TO HAVE THE FOLLOWING INFORMATION INCORPORATED:

[Please Use the Below Facility SSCP Check List to Ensure Your SSCP is Submitted Complete and Approved by the CCRWTF Pretreatment Program]

Facility SSCP Check List:

Facility Information:

- Facility Legal Name,
- Facilities Physical and Mailing Addresses,
- Name, Title, Phone Number and Email of Employee to Contact About the SSCP,
- Name, Title, Phone Number and Email of the Facility Manager,
- Primary, Secondary and Alternate Employee Names, Titles, Day and Night Phone Numbers and Emails,
- Facilities Days, and Hours Per Week in Operation,
- Number of Employees Per Work-Shift,
- Facilities Source for Supply Water i.e. City, Well, Both or Other,
- Narrative Description Detailing Business Operations, Activities and Standard Industrial Classification,
- Narrative Description of Your Facilities Products or Services Produced,
- Narrative Description of Facilities Production Processes Detailing Product or Service Manufactured, Produced or Provided,
- Narrative Description of Facilities Generated Regulatory and/or non-Regulatory Wastewater. Detail What Process Generates Regulatory and/or non-Regulatory Wastewater and Method of Wastewater Disposal,
- Narrative Description of Facilities Regulatory and/or non-Regulatory Wastewater Discharge Practices Including Routine and Non-Routine,
- Indicate if Facility Has Any Underground Storage Tanks, (UST) and Detail Capacities, Application/Use, Material Stored, Location and Applicable Permitting Agency,
- Indicate All Environmental Permits Held by Facility and Detail Permit Type, Permitting Agency and Permit Alpha/Numeric,
- Indicate if Facility Stores Hazardous Materials, Chemicals On-Site. If YES, Indicate Chemicals/Materials Designated as Hazardous,

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- Indicate if Facility Generates any Hazardous Waste. If YES, Indicate Hazardous Waste Type, characteristic and Disposal Methods,
- Indicate Facilities Solid and Liquid Disposal Methods. If your Facility Has any Hazardous and/or Non-Hazardous Solid and/or Liquid and/or Hazardous Waste Hauled Off-Site; Please Indicate the Following:
 - Contracted Waste-Hauler Name,
 - Certifications if Applicable ref. USEPA etc.,
 - Contracted Waste-Hauler Physical and Mailing Addresses,
 - Contracted Waste-Hauler Phone Number and Email Address.
- Indicate if Facility Has Fire Safety Measures. Detail Types and Applications,
- Complete a Chemical Storage Inventory Detailing Each Chemical Name, Quantity Stored, Volume Stored, (Gallons, lbs. etc.) Vicinity to Any Drains, (Floor Drains, Trench Drains, Catch Basins, sinks etc.) the Location of Stored Chemicals, (i.e. Area or Zone) and the Risk Potential for Any One Chemical to Enter the City Sewer/CCRWTF i.e. LOW, MODERATE, HIGH,
- For Each Solid and Liquid Chemical Stored and In-Use at Facility, Complete a Chemical Storage Checklist and Submit Corresponding Safety Data Sheets (SDS). It Will Be Noted, Each Chemical Storage Check List Shall be Precede the Corresponding Chemical SDS.
- Complete a Facility Layout and Flow Diagram Detailing General Facility Layout Information Notwithstanding Additional Structures/Buildings. An Example Facility Layout and Flow Diagram is Included within this SSCP. Subject Facility and Flow Diagram Shall Include Information Not Limited to The Following:
 - Segmented Areas or Zones i.e. Area-1 or Zone-1 Equals Manufacturing, Area-2 or Zone-2 Equals Maintenance, Are-3 or Zone-3 Equals Chemical Storage etc.
 - Facility Property Boundaries,
 - Entrance and Exit Routes,
 - Identify Activities Within Each Area or Zone i.e. Office, Chemical Storage, Manufacturing etc.
 - Handling and Storage Areas for Hazardous Materials,
 - Loading and Unloading Areas/Zones,
 - Hazardous Waste Handling, Storage and Treatment Areas or Zones,
 - Floor Drains, Drainage Channels/Trenches, Sewer Inlets, Catch Basins, Sumps etc.

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- Direction of Drainage,
- Liquid Storage Tanks and Indicate Respective Storage Capacities,

- Within Facility Layout and Flow Diagram, Identify the Location and Provide a Procedural Description of All Spill Prevention Structures and Equipment, i.e. Dikes, Berms, Sealed Drains, Diversion Structures, Primary and Secondary Containment, Leak Detection Equipment, Alarms etc.

Routine Procedures:

- Routine** - Provide Procedural Description Detailing Operations and Maintenance Geared to Minimize Spills and Leaks at Facility and/or Additional Structures/Buildings; Including but Not Limited to Procedures to be Followed During the Handling and Transfer of Regulatory and/or non-Regulatory Wastewater and/or Hazardous and Non-Hazardous Chemicals/Materials,
- Routine** - Provide Procedural Description Detailing Location(s) for Any Loading and Unloading Activities. Include any Special Activities Employed to Handle the Loading and Unloading of Regulatory and/or non-Regulatory Wastewater and/or Hazardous and Non-Hazardous Chemicals/Materials,
- Routine** - Provide Procedural Description Detailing Measures Employed to Control Facility Site Run-Off,
- Routine** - Provide Procedural Description Detailing Inspections and Monitoring of Chemical Storage Area(s) and/or Zone(s) for Leaks and Other Conditions that May Lead to Spills,
- Routine** - Provide Procedural Description Detailing Facility Training, (As Applied to This SSCP) to be Given to Employees and Detail Method and Frequency Subject Training Shall be Enabled i.e. During Environmental Health and Safety and/or Training Conducted Monthly, Quarterly, Annually and/or ONLY for Employee New Hires,

Non-Routine Procedures:

- Non-Routine** - Provide a Current List of Available Emergency Response Equipment Including its Location, (i.e. Areas or Zones Detailed Within Facility Layout and Flow Diagram) and Physical Description. Please Include Type of Chemicals and/or Materials that Are Contained and Associated Emergency Equipment Not Limited to the Following:
 - Location and Use of Communication Equipment i.e. Phones, Radios etc.,
 - Spill containment and Control,

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- Protective Clothing and Respirators,
- Containers and/or Holding Tanks Used to Hold Spilled Materials,
- Ventilation Equipment,
- First Aid Kits,
- Fire Fighting Equipment,

- Non-Routine** - Provide Procedural Description Detailing Measures Employees are Instructed in Relation to Responding to Spills at Facility. This Non-Routine Spill Response Procedure Shall Include Specifics Not Limited to the Following:
 - Notification of Facility Personnel Responsible for Responding to Spills,
 - Chain of Command for Spill Response,
 - Facility Evacuation of Facility Personnel and Notification,

- Non-Routine** - Provide a Procedural Description Detailing Spill Assessment and Response,

- Non-Routine** - Provide a Procedural Description Detailing Internal Emergency Call Out List, (Primary, Secondary and Alternate Employees) and Instructions Detailing at What Point Applicable Emergency Response Agencies Are to be Notified. This Procedure and Forms Shall Include Specifics and Information not Limited to:
 - Facility Internal Emergency Call List Detailing Primary, Secondary and Alternate Employee Names and Day/Night Phone Numbers. If Your Facility Uses an Emergency Call Line, Please State as Such and Include Number,
 - Facility Internal Spill Reporting Form to be Used to Report Spills to the CCRWTF Pretreatment Program.

- Non-Routine** - Provide Procedural Description Detailing Instructions Facility Shall Take to Notify Neighbors of any Potential Hazards,

- Non-Routine** - Provide a Procedural Description Detailing Instructions Related to Isolating Spilled Materials from Floor Drains and any Incompatible materials,

- Non-Routine** - Provide a Procedural Description Detailing Instructions Related to Disposal or Treatment of Spilled Materials,

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- SPILL AND SLUG CONTROL PLAN, (SSCP) -

PART I

CONTACT INFORMATION:

Facility Name:	
Facility Physical Address:	
Facility Mailing Address:	

Person to Contact About this SSCP:	
Title:	
Phone Number:	
Email:	

Facility Manager Name:	
Phone Number:	
Email:	

Emergency Contact Information:

Call Sequence:	Emergency Contact Person:	Day Phone Number:	Night Phone Number:	Email Address:
Primary:				
Secondary:				
Alternate:				

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Emergency Contact Information Continued:

Call Sequence:	Emergency Contact Person:	Day Phone Number:	Night Phone Number:	Email Address:
Alternate:				
Alternate:				
Alternate:				

PART II

Business Information:

Business Type: (Check all that apply):

<input type="checkbox"/>	Manufacturing:	<input type="checkbox"/>	Food/Agriculture Processing:
<input type="checkbox"/>	Sales:	<input type="checkbox"/>	Service:
<input type="checkbox"/>	Office:	<input type="checkbox"/>	Transporter:
<input type="checkbox"/>	Warehouse:	<input type="checkbox"/>	Other, (Please Describe):

Please Indicate Narrative Description of Your Facilities Products or Services Produced, (Routine Operations):

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Normal Work Week, (Circle Days):	(Sunday) (Monday) (Tuesday) (Wednesday) (Thursday) (Friday) (Saturday)
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Hours of Operation, (Please Indicate Hours of Operations for Each Applicable Day of the Week):	Shift(s):	(Sunday)	(Monday)	(Tuesday)	(Wednesday)	(Thursday)	(Friday)	(Saturday)

Total Number of Employees:	# Employees First Shift:	# Employees Second Shift:	# Employees Third Shift:

Facility Water Source: (Check all that apply):

<input type="checkbox"/>	City Supply Water Source:	<input type="checkbox"/>	Water Source from Well:
<input type="checkbox"/>	Both City Water and Well:	<input type="checkbox"/>	Other, Please Describe:

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Facility Wastewater Discharge, (Check all that apply):

<input type="checkbox"/>	City Sewer/CCRWTF:	<input type="checkbox"/>	Stormwater:
<input type="checkbox"/>	All Liquid Waste Transported Off-Site	<input type="checkbox"/>	No Liquid Wastewater Other than Restrooms:

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Does Your Facility Have Any Floor Drains? (Circle One):
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Does Your Facility Have Any Underground Storage Tanks? (UST), (Circle One):

If YES, Please List (Write Empty if Tank is Empty):

UST Capacity (Gallons):	Application/Use:	Material Stored:	UST Location:	Permitting Agency:

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Facility Hazardous Waste:

YES	NO	Does Your Facility Have Over 55-Gallons or 500 Pounds or 200 Cubic Feet of Hazardous Material On-Site at Any One Time?
YES	NO	Does Your Facility Generate Any Hazardous Waste?

If YES, What Disposal Methods Do You Use: (Check All That Apply):

<input type="checkbox"/>	Sent to Recycler:	<input type="checkbox"/>	Sent to a Hazardous Waste Facility:
<input type="checkbox"/>	Reprocess Hazardous Waste:	<input type="checkbox"/>	Treatment On-Site:
<input type="checkbox"/>	Discharge into City Sewer:	<input type="checkbox"/>	Used as Fuel:
<input type="checkbox"/>	Trash (Landfill):	<input type="checkbox"/>	Other, (Please Describe):

Facility Environmental Permits:

YES	NO	Does Your Facility Have Any Other Environmental Permits, (i.e. Air Quality, NPDES, Transporters, TSD etc.)?
YES	NO	Does Your Facility Generate Any Hazardous Waste?

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If Yes, Please List Within Below Table:

Permit Type:	Permit Agency:	Permit Alpha/Numeric:

Facility Fire Safety:

YES	NO	Does Your Facility Have an Automatic Fire Sprinkler System?
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If Yes or Other Type of Fire Safety Employed, Please Describe Below:

If you Intend to Draft Separate Fire Safety Description, Please Attach to Back of This SSCP and Indicate as Such Within Above Field:

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PART III

Chemical Storage Inventory:

Enclosed please find an example Chemical Storage Inventory. This example Chemical Storage Inventory may be incorporated within your SSCP yet, may be insufficient due to your facilities quantity of stored and in use chemicals. If this is the case, please feel free to make multiple copies of subject example Chemical Storage Inventory or generate your own version incorporating the minimum required criteria.

At a minimum, subject Chemical Storage Inventory shall incorporate the following criteria;

- ***Chemical Name,***
- ***Quantity Stored,***
- ***Volume Stored, (Gallons, Lbs. etc.),***
- ***Vicinity to Drain(s),***
- ***Location i.e. Area or Zone #,***
- ***Risk Potential to Enter City Sewer/CCRWTF i.e. LOW, MODERATE, HIGH***

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Chemical Storage Checklist:

Enclosed is a Chemical Storage Checklist form for you to copy and use to inventory your facilities chemical storage. For each type of stored and/or in use chemical, please complete the Chemical Storage Checklist form and place within your SSCP with corresponding SDS immediately following. More than one form may be necessary for each material if it is stored in more than one place or comes in various sized containers. It is not necessary to list prepackaged consumer items such as cans of WD-40, spray paint, or the like. Also ignore minor items and quantities (under 5 gal., etc.) unless they are particularly hazardous items (mercury, etc.). Items may be grouped if they are basically the same things but with only minor differences (i.e., oils, paints, inks, fuels, etc.).

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Chemical Storage Checklist:

Name of Chemical:						
Chemical Type, (Check All That Apply):	Solid:	<input type="checkbox"/>	Liquid:	<input type="checkbox"/>	Gas:	<input type="checkbox"/>

<input type="checkbox"/>	Flammable:	<input type="checkbox"/>	Corrosive:
<input type="checkbox"/>	Oxidizer:	<input type="checkbox"/>	Explosive:
<input type="checkbox"/>	Radioactive:	<input type="checkbox"/>	Water Reactive:
<input type="checkbox"/>	Pyrophoric:	<input type="checkbox"/>	Compressed Gas:
<input type="checkbox"/>	Organic Peroxide:	<input type="checkbox"/>	Unstable (Reactive):

Number of Containers:		Container Size, (Each Container):	
Containers Type, (Plastic, Steel etc.):		Container Condition, (GOOD, BAD, Need Replacement):	
Total QTY Containers on Hand at Any One Point in Time:		Exact Location of Material, (Area or Zone #):	
Proximity to Floor Drains, (In Feet):			

SDS on File:	YES	NO
Safety info Posted:	YES	NO
Warning Signs Posted:	YES	NO
Spill Protection Needed:	YES	NO
Spill Procedures Posted:	YES	NO
Fire Protection Needed:	YES	NO
Housekeeping Problems:	YES	NO
Manifest on-File:	YES	NO
Exposed to Sun/Weather:	YES	NO
High Traffic:	YES	NO
Evidence of Spillage:	YES	NO

Other Notes, (Physical Hazards, Close to Electric, Etc.):	

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PART IV

Facility Layout and Flow Diagrams:

Attach drawings, (suggested no larger than 36" x 50") of the facility which incorporates the following criteria:

-General facility layout

-Incorporate Segmented Areas or Zones Throughout Facility,

-Property boundaries

-Entrance and exit routes

-Identify activities in each area (i.e. office, storage, manufacturing, etc.)

- Handling and storage area for hazardous materials

- Loading and unloading areas

- Hazardous waste handling, storage, and treatment areas

- Floor drains, drainage channels, sewer inlets, sumps, etc.

- Directions of drainage

- Liquid storage tanks with holding capabilities

-Dikes, berms, secondary containment, etc. (See Part IV)

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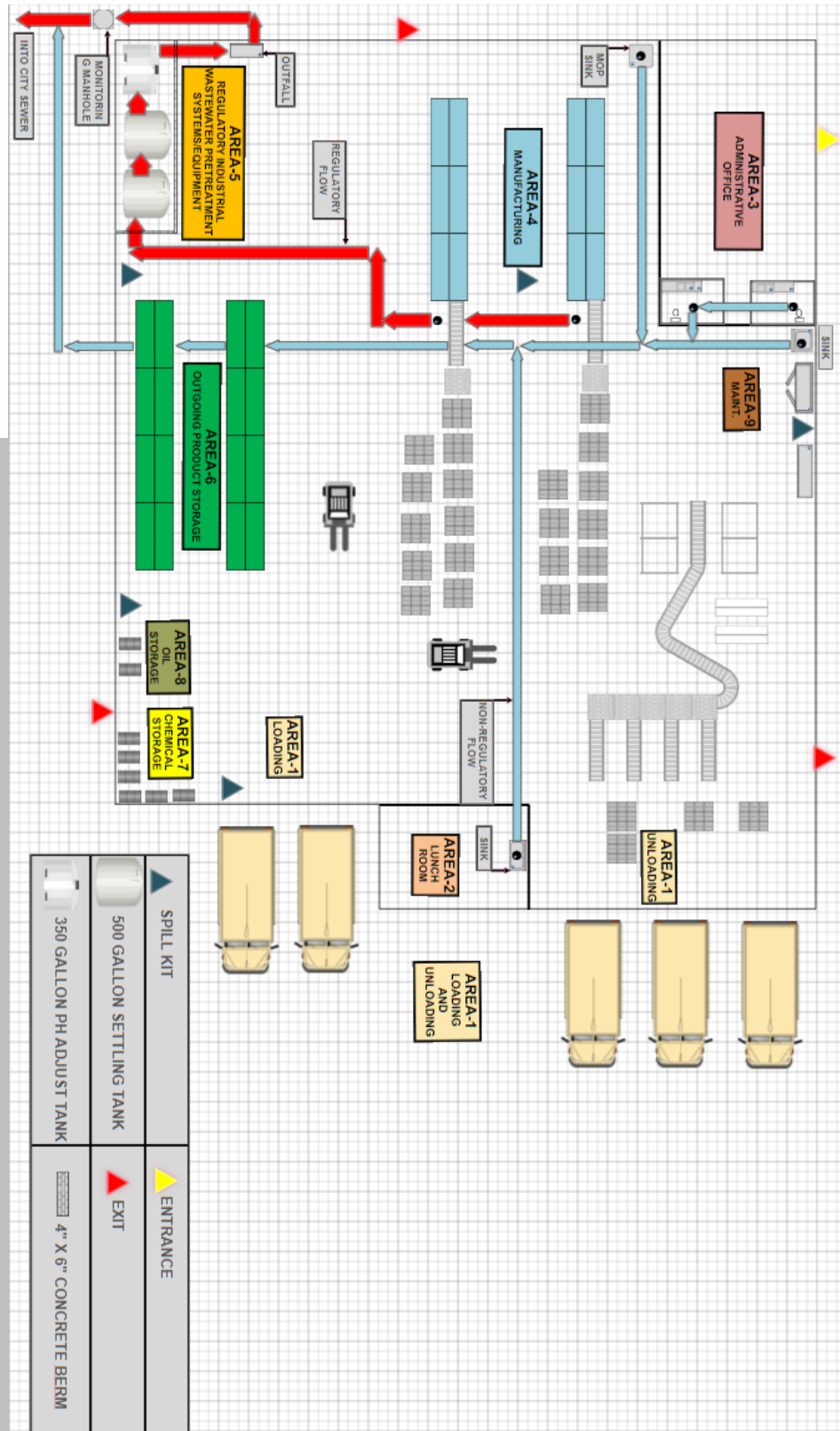
***Facility Layout and Flow
Diagram:***

***For Your Convenience, an Example Facility
Layout and Flow Diagram Can be Found on
the Next Page of this SSCP Template.
Please Use This Facility Layout and Flow
Diagram as a Guidance Document to
Ensure Your Submitted Document Includes
All Above Criteria.***

***Remember, Within Subject Facility Layout
and Flow Diagram, Please Provide a
Narrative Discussion Where it is Needed to
Clarify Any of the Above Criteria.***

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Example - Facility Layout and Flow Diagram:

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Procedures:

*Below Please Detail All **Routine** Operations and Maintenance Procedures Geared to Minimize Spills and Leaks at Your Facility Including but Not Limited to Procedures to be Followed During Handling and Transfer of Materials, Loading and Unloading and Procedures to Control Plant Site Run-Off. Include Descriptions of the Type and Frequency of Inspections and Monitoring of Chemical Storage Area(s) and/or Zones for Leaks or Other Conditions That Could Lead to Spills. Include the Type and Training to be Given to Workers.*

*Detail All **Routine** Operations and Maintenance Procedures Geared to Minimize Spills and Leaks at Your Facility:*

If Procedure Exists and/or you Intend to Draft, Please Attach to Back of This SSCP and Indicate as Such Within Above Field:

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*Detail Procedures to be Followed During **Routine** Handling and Transfer of Materials,
Loading and Unloading:*

*If Procedure Exists and/or you Intend to Draft, Please Attach to Back of This SSCP and
Indicate as Such Within Above Field:*

*Detail Procedures to Control **Routine** Plant Site Run-Off:*

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If Procedure Exists and/or you Intend to Draft, Please Attach to Back of This SSCP and Indicate as Such Within Above Field:

Detail Procedures Indicating the Type and Frequency of **Routine Inspections and Monitoring of Chemical Storage Area(s) and/or Zones for Leaks or Other Conditions That Could Lead to Spills:**

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If Procedure Exists and/or you Intend to Draft, Please Attach to Back of This SSCP and Indicate as Such Within Above Field:

Detail Procures Indicating the Routine Training to be Given to Workers, (Include the Frequency your Facility Shall Implement Such SSCP Training:

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If Procedure Exists and/or you Intend to Draft, Please Attach to Back of This SSCP and Indicate as Such Within Above Field:

PART VI

Emergency Response Equipment and Procedures:

Provide a Current List of Available Emergency Response Equipment to be Utilized during Non-Routine Emergencies. Include the Location, (Part III) and a Physical Description. Please Include the Following Items:

Non- Routine Use of Communication Equipment (Phones, Radios, etc.):

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If Procedure Exists and/or you Intend to Draft, Please Attach to Back of This SSCP and Indicate as Such Within Above Field:

Non-Routine - Spill Containment and Control:

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If Procedure Exists and/or you Intend to Draft, Please Attach to Back of This SSCP and Indicate as Such Within Above Field:

Non-Routine - Protective Clothing and Respirators:

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If Procedure Exists and/or you Intend to Draft, Please Attach to Back of This SSCP and Indicate as Such Within Above Field:

Non-Routine - Containers for Spilled Materials:

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If Procedure Exists and/or you Intend to Draft, Please Attach to Back of This SSCP and Indicate as Such Within Above Field:

Non- Routine Ventilation Equipment:

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If Procedure Exists and/or you Intend to Draft, Please Attach to Back of This SSCP and Indicate as Such Within Above Field:

Non- Routine First Aid Kits:

If Procedure Exists and/or you Intend to Draft, Please Attach to Back of This SSCP and Indicate as Such Within Above Field:

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Non- Routine Fire-Fighting Equipment:

If Procedure Exists and/or you Intend to Draft, Please Attach to Back of This SSCP and Indicate as Such Within Above Field:

Procedures:

Provide a Detailed Outline of Procedures to be Followed in Responding to a Non-Routine Spill at Your Facility. Your Procedure Should Include the Following:

Non- Routine Notification of Facility Personnel Responsible for Responding to Spills:

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If Procedure Exists and/or you Intend to Draft, Please Attach to Back of This SSCP and Indicate as Such Within Above Field:

Non - Routine *Chain of Command for Spill Response:*

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***Internal Emergency Notification Procedure
'Sign' and Notification of Emergency Response
Agencies:***

- ***Within this SSCP, Include a Copy of Internal
Emergency Notification Procedure 'Sign' and
Industrial Spill and Slug Loading Incident Reporting
Form.***

***On the Next Two (2) Pages, Please Find an Example
Internal Emergency Notification Procedure Sign and
Industrial Spill and Slug Loading Incident Reporting
Form. The Example Internal Emergency Notification Sign
and Industrial Spill and Slug Loading Incident Reporting
Form can be Incorporated, (WILL Need to be Modified to
Include Facility Specific Information) Within Your SSCP
or Used as Guidance Documents if you Choose to Produce
You Own. If you do Produce Your Own, Please Attach
Documents to the Back of This SSCP:***

***Note: The Internal Emergency Notification Sign is
Required to be Posted Throughout Facility.***

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**Product and Chemical Spill
EMERGENCY NOTIFICATION
PROCEDURE:**

1. Pursuant to the Cedar City Pretreatment Ordinance 30a Section 6.6, In Case of any discharge including, but not limited to, accidental discharges, discharges of a non-routine, episodic nature, a non-customary batch discharge, or a slug load which may cause potential problems for the Cedar City Regional Wastewater Treatment Facility, (CCRWTF) including a violation of the Prohibited Discharge Standards in Section 2.1 of the Cedar City Ordinance 30a. **It is the responsibility of [ENTER YOUR FACILITY NAME HERE] to IMMEDIATELY telephone and notify the CCRWTF Pretreatment Program of the incident. This notification shall include yet, is not limited to; Business name/address, the location of discharge, duration, cause, type of waste, concentration and volume, if known, and corrective actions taken.**

2. **Anytime there is a chemical spill and it is suspected of entering a drain i.e. City Sewer System you are required to immediately notify the following phone number(s):**
 - **Primary:** Day Phone #: _____ Night Phone #: _____
 - **Secondary:** Day Phone #: _____ Night Phone #: _____
 - **Alternate:** Day Phone #: _____ Night Phone #: _____

3. **The Primary, Secondary and/or Alternate shall IMMEDIATELY notify the CCRWTF Pretreatment Program at the following phone number:**

CCRWTF Pretreatment Program: 435-865-4552

4. **Within five, (5) days following such discharge, [ENTER YOUR FACILITY NAME HERE] shall, unless waived by the CCRWTF Pretreatment Program submit a detailed written report describing the cause(s) of the discharge and the measures to be taken by Spot Free Car Wash to prevent similar future occurrences.** Such notification shall not relieve [ENTER YOUR FACILITY NAME HERE] or any expense, loss, damage, or other liability which may be incurred as a result of damage to the CCRWTF, natural resources, or any other damage to person or property; nor shall such notification relieve [ENTER YOUR FACILITY NAME HERE] of any fines, Civil Penalties, or other liability which may be imposed by Ordinance 30a.

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Industrial Spill and Slug Loading Incident Report:	
<i>A Response is Required for Each Question Below. If More Space is Needed, Please Answer on Separate Page and Attach to this Report:</i>	
Name of Business/Industry?	
Business/Industry Permit Number?	
Date of Spill/Slug?	
Time of Spill/Slug?	
Did the Business/Industry Immediately Notify the CCRWTF of spill/slug?	YES () No ()
Did the Spill/Slug Enter the City Sewer/CCRWTF?	
YES () No ()	
Please Explain:	
Location of Discharge:	
Please Explain:	
Duration of Discharge:	
Please Explain:	
Cause of Discharge:	
Please Explain:	
Type of Chemical and/or Waste Discharged:	
Please Explain:	
Concentration of Chemical and/or Waste Discharged:	
Please Explain:	
Volume of Waste	
Please Explain:	
Measures to be Taken by your Business/Industry to Prevent Similar Occurrences from Happening?	
CONTINUED ON NEXT PAGE:	

***Cedar City Regional Wastewater Treatment Facility
(CCRWTF)
Pretreatment Program Spill and Slug Control Plan, (SSCP)
TEMPLATE***

Industrial Spill and Slug Loading Incident Report:	
Provide an Evaluation of your Business/Industries Spill and/or Slug Discharge Response Capabilities and Inform on How they Might be Improved in the Future:	
Additional Comments:	
<p>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 information submitted. Based on my inquiry of the person or people who manage the system, or those people 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.</p>	
Report Prepared by, (PRINT):	
Signature of Authorized Business/Industry Representative:	
	DATE:
Title of the Business/Industry Authorized Representative:	

***Cedar City Regional Wastewater Treatment Facility
(CCRWTF)
Pretreatment Program Spill and Slug Control Plan, (SSCP)
TEMPLATE***

Notification (if Applicable) of Emergency Spill Contracted Cleanup Company. Please Complete Below Fields Indicating Any Contracted Spill Cleanup Company:

Company Name:	Company Number:	Company Email:

Non – Routine Procedures Isolating Spilled Material from Drains, Incompatible Materials, etc.

***Cedar City Regional Wastewater Treatment Facility
(CCRWTF)
Pretreatment Program Spill and Slug Control Plan, (SSCP)
TEMPLATE***

If Procedure Exists and/or you Intend to Draft, Please Attach to Back of This SSCP and Indicate as Such Within Above Field:

Non – Routine Procedures for Notifying Your Neighbors of a Potential Hazard:

If Procedure Exists and/or you Intend to Draft, Please Attach to Back of This SSCP and Indicate as Such Within Above Field:

***Cedar City Regional Wastewater Treatment Facility
(CCRWTF)
Pretreatment Program Spill and Slug Control Plan, (SSCP)
TEMPLATE***

PART VII

Certification:

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 *Date*

Printed Name

Title