

BI-ANNUAL SLUG CONTROL PLAN CERTIFICATION ⁽¹⁾

INDUSTRY NAME: _____

BASED ON MY INQUIRY OF THE PERSON OR PERSONS DIRECTLY RESPONSIBLE FOR MANAGING COMPLIANCE WITH THE SLUG CONTROL MEASURES IN THE SLUG CONTROL PLAN, I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS FACILITY IS IMPLEMENTING THE SLUG CONTROL PLAN SUBMITTED TO THE POTW (PLEASE SPECIFY THE PLAN DATE _____).

FURTHERMORE, I CERTIFY THAT THE SLUG CONTROL PREVENTION AND CONTROL EQUIPMENT INSTALLED AT THIS FACILITY WILL PROVIDE ADEQUATE PROTECTION FROM SLUG LOADING AND WILL BE PROPERLY MAINTAINED.

NAME/TITLE OF AUTHORIZED REPRESENTATIVE OF THE
IU RESPONSIBLE FOR THE SLUG CONTROL PLAN

DATE

⁽¹⁾ Please note that a Best Management Practices (BMP) document or a Spill Prevention Control and Counter Measure Plan (SPCC) may be submitted in lieu of a Slug Control Plan, provided the BMP or SPCC Plan contains the eight (8) required elements of a Slug Control Plan (see next page for the eight (8) required elements).

(Please retain a copy of the signed certification for your records.)

For WCRSA DBA Renewable Water Resources (ReWa) Use Only.

Date Received: _____ Reviewed By: _____ Next Evaluation Due: _____

Document: Accepted Returned to Industrial User for modifications?

In accordance with 40 CFR 403.8 (f)(2)(v), are the following elements included in your Slug Control Plan?

| | YES | NO |
|--|--------------------------|--------------------------|
| 1) Description of discharge practices, including non-routine batch discharges; | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Description of stored chemicals; | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Procedures for immediately notifying the POTW of slug discharges, including any discharge that would violate a prohibition under 40 CFR 403.5(b), with procedures for follow-up written notification within five (5) days; | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Procedures to prevent adverse impact from accidental spills including inspection and maintenance of storage areas, handling and transfer of materials, loading and unloading operations, control of plant site run-off and worker training; | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Any necessary measures for building of containment structures or equipment; | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Any necessary measures for containing toxic organic pollutants (including solvents); | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Any necessary measures and equipment for emergency response; and | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Any necessary follow-up practices to limit the damage suffered by the treatment plant or the environment. | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered “NO” to any of the above, your Slug Control Plan must be revised to address the missing element(s).