

**DALLAS WATER UTILITIES  
PRETREATMENT AND LABORATORY SERVICES DIVISION  
SLUG DISCHARGE CONTROL PLAN**

**Purpose**

- To set standards to prevent chemical spills and leaks of chemicals to the sewer system that might cause harm or pass through at Dallas Water Utilities (DWU) Wastewater Plants or cause injury to persons.
- To provide a plan should a spill take place.
- To set criteria for prompt action and notification to the proper personnel dealing with a spill.

A slug discharge control plan shall address, at a minimum, the following:

- A. Description of the facility;
- B. Description of discharge practices, including non-routine batch discharges;
- C. Description of stored chemicals;
- D. Procedures for
  1. Immediately notify, via telephone, the Pretreatment & Laboratory Services Division (PALS) of any accidental or slug discharge, as required by the wastewater discharge permit.
  2. Follow up written report within five days.
  3. A plan to be adopted in case of a spill.
- E. Procedures to prevent adverse impact from any accidental or slug discharge to the sanitary sewer including;
  1. Routine inspection and maintenance of chemical/liquid storage tanks/areas.
  2. Procedures for handling and transferring of liquids/solids, including loading and unloading of these materials.
  3. Controls in place to prevent liquids from leaving the plant site, including storm water run-off.
  4. Employee training and documentation.
  5. Secondary containment for liquid storage tanks.
  6. Measures for containing organics, such as solvents, on-site.
  7. Emergency response measures and equipment for emergency response.
- F. Slug Discharge Control Plan (SDCP) Certification Statement

**Important Telephone Numbers**

**(Notification to the required agencies must be done individually)**

**City of Dallas**    **Notification related to wastewater impact:**  
Pretreatment & Laboratory Services Division (PALS): 214-670-6749

**Notification related to stormwater impact:**

**City of Dallas**    Stormwater Management: 214-948-4022

**State**    TCEQ emergency response for discharge, spill: 1-800-832-8224  
TCEQ DFW Regional 4 Office: 817-588-5800

**EPA**    National Response Center (NRC): 1-800-424-8802

CITY OF DALLAS WATER UTILITIES DEPARTMENT  
PRETREATMENT AND LABORATORY SERVICES DIVISION

**SLUG CONTROL EVALUATION FORM**

Company Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Permit Number: \_\_\_\_\_ S.I.C. Number: \_\_\_\_\_

Type of Industry: \_\_\_\_\_

Categorical Designation (if applicable): \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Title of Authorized Representative: \_\_\_\_\_

**I. HAZARDOUS WASTE MANAGEMENT**

Hazardous Waste Classification:

\_\_\_ Conditionally Exempt Small Quantity Generator (1 quart / 2.2 lbs or less)

\_\_\_ Small Quantity Generator (26 ½ gals. / 220 lbs.)

\_\_\_ Large Quantity Generator (265 gals. / 2200 lbs.)

USEPA Generators ID Number: \_\_\_\_\_

TRANSPORTER: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ USEPA ID#: \_\_\_\_\_

DISPOSAL SITE: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ USEPA ID#: \_\_\_\_\_



**III. DESCRIPTION OF DISCHARGE PRACTICES**

Describe the nature, volume and frequency of all discharges to the sanitary sewer system (including non-routine batch discharges): \_\_\_\_\_

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**IV. FACILITY PRACTICES AND PROCEDURES FOR PREVENTING SLUG DISCHARGES**

Describe procedures in the following areas for preventing slug discharges:

Material control in storage and process areas \_\_\_\_\_

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Material control in transfer (loading/unloading, piping, etc.) \_\_\_\_\_

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Facility inspection (including documentation) \_\_\_\_\_

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Discharge monitoring \_\_\_\_\_  
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Pretreatment plant upset (if applicable) \_\_\_\_\_  
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Spill response/control procedures \_\_\_\_\_  
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Employee training (including documentation) \_\_\_\_\_  
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Disposal methods of spilled material \_\_\_\_\_  
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List spill control material/equipment on site \_\_\_\_\_

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**V. DOCUMENT 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 designated 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.

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Name of Authorized Representative

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Title

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Signature of Authorized Representative

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Date