



**SPILL AND SLUG PREVENTION CONTROL PLAN
FOR NARRAGANSETT BAY COMMISSION
SEWER USERS**

COMPANY NAME: _____

FACILITY ADDRESS: _____

MAILING ADDRESS: _____

**PRIMARY PERSON RESPONSIBLE
FOR SPILL CONTROL PREVENTION:** _____

DAYTIME EMERGENCY PHONE NUMBER: _____

AFTER HOURS EMERGENCY PHONE NUMBER: _____

The Narragansett Bay Commission's (NBC) Rules and Regulations for the Use of Wastewater Facilities (Article 8.9) require each user to provide protection from accidental discharge of prohibited materials and substances to the sewer. The user is required to provide detailed plans showing equipment and a brief description of operating procedures utilized to prevent these discharges.

This document was developed to assist you in determining what measures you need to implement and to properly document the spill prevention control procedures utilized at your facility; therefore, you must complete this document.

Section A: Description of Discharge Practices and Storage Areas

1. List all sources of routine sewer discharges and describe the method of discharge:

| Source of Discharge | Method of Discharge |
|------------------------------------|---|
| Example: Electroplating Discharges | Pumped to sewer via pretreatment system |
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2. List all sources of non-routine sewer discharges of an infrequent nature such as batch discharges, which may occur only once per year:

| Source of Discharge | Method of Discharge |
|--|-------------------------------------|
| Example: Annual Power Washing of Plating Room Floors | Gravity flow to pretreatment system |
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2. What procedures are utilized to prevent adverse impacts on the NBC sewage facility due to accidental spills? Examples of these procedures may include periodic inspection and maintenance of storage areas, and special procedures utilized during loading and unloading operations.

3. List emergency response equipment available and procedures to be utilized in the event of a spill.

Section C: Spills From Boiler and Fuel Depot Areas

This section must be completed if fuels, or fuel oils are stored at your facility or chemicals are stored in the boiler area. Be sure to show the location of any floor drains, trenches, yard drains or other connections to the sewer or pretreatment system from the boiler facility and fuel storage area(s) in the sketch required in Section A(4). Also, show any berms or sumps that would be used to contain spills. Indicate the capacity of each holding area in gallons.

1. What types of fuel are stored in these areas? (i.e., gasoline, diesel, kerosene, #4 fuel oil, #6 fuel oil, etc.)

2. Are the fuel tanks above ground_____ or below ground_____? Provide the capacity of each tank in gallons:

3. Indicate provisions (i.e., alarms, sight glasses, etc.) and filling procedures that will minimize the risk of overfilling a tank.

4. Is the storage tank equipped with an overflow pipe or relief valve or some other equipment in the tank or pipe chase network that would allow fuel to spill during a filling procedure? ___ Yes ___ No

5. If a tank is overfilled and fuel escapes through the tank vent pipe, where would the spilled fuel discharge?

6. What measures and spill containment equipment are in place to contain spillage from an overfilled tank?

7. Are boiler treatment or other chemicals stored in the boiler facility or fuel depot areas? ___ Yes ___ No

If yes describe chemicals:

8. Detail spill containment provided for chemicals stored in this area.

9. If a spill should occur in the fuel depot or boiler facility, how would it be cleaned up and disposed?

10. Are there any normal process discharges such as boiler blowdown or steam condensate to the sewer or pretreatment system from physical plant operations? _____Yes _____No

11. Does the boiler utilize a hot water or steam operated oil preheater? _____Yes _____No

If so, does the condensate from the preheater discharge to the sewer? _____Yes _____No

If so, what measures are in place to detect an oil discharge to the sewer resulting from a leak within the preheater core?

Section D: Spills That Discharge to Pretreatment Systems

This section must be completed in the case where a spill will discharge to a pretreatment system.

1. For each area listed in Section A(3) that a spill would discharge to the pretreatment system, you must provide the following information:

| Area | Solution | Pretreatment Collection Vessel |
|------------------|-------------------------|---------------------------------------|
| Example: Plating | CN Bearing Solutions | CN Destruct Tank |
| Example: Plating | Non-CN Bearing Solution | Batch A/A Tank |
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2. During non-working hours, what procedures will be followed to prevent spills from discharging directly through pretreatment to the sewer without proper treatment? (e.g., shut off sump pump, close valve to sump, etc.)

3. What procedures or facilities are in place to prevent highly concentrated or incompatible solutions (such as plating baths, oils, solvents, etc.), which the pretreatment system was not designed to treat, from reaching the pretreatment system?

Section E: Notification Procedures

1. The sewer user must maintain an approved Spill and Slug Prevention Control and Countermeasure Plan and all associated facilities at all times to ensure that incidental and accidental spills are not able to enter the NBC sewer system. In the case of a slug or accidental discharge to the facilities, it is the responsibility of the sewer user to notify the NBC of the incident immediately by calling the NBC's Pretreatment Section at 461-8848. During non-business hours contact the NBC at its 24 Hour Emergency Hotline number, 222-6781 if located in the Field's Point District or at 434-6350 if located in the Bucklin Point District.
2. Within five days following an accidental discharge, the sewer user shall submit to the NBC a detailed written report describing the cause and volume of the discharge and the measures to be taken by the user to prevent similar future occurrences.

Section F: Certification

I certify under penalty of law that this Spill and Slug Control Plan 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 maintain 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 certify that this facility will fully implement and maintain the Spill and Slug Control Plan at all times.

SIGNATURE AND TITLE OF AUTHORIZED COMPANY REPRESENTATIVE

DATE

Attachment A*

Area/Room: _____
List Chemicals Stored in Area: _____

List the Volume of the Largest Container in Area: _____

Are there open floor drains or sewer connections in this area? _____

List spill control measures in place: _____

List capacity of spill containment area(s). Please note, the capacity of the containment area must be a minimum of 110% the volume of the largest container.

Detail how a spill would be contained during working hours. _____

Detail how a spill would be contained during non-working hours. _____

How will spills from this area be cleaned up and disposed? _____

If currently there are no spill containment measures in this area, detail proposed measures to provide spill containment for chemicals and solutions in this area and the timeframe necessary to implement these measures.

* Please make additional copies of this attachment for all areas of your facility.