



DELAWARE COUNTY REGIONAL WATER QUALITY CONTROL AUTHORITY
 P.O. BOX 999 • CHESTER, PA 19016-0999

SPILL/SLUG PREVENTION PLAN FORM

INSTRUCTIONS:

- Unless stated otherwise, all items are to be filled out completely. If an item is not applicable, indicate by noting "NA" and provide explanation in the comments section.
- Submit a copy of the Spill/Slug Prevention Plan with this form.
- Depending upon the adequacy of the information submitted, additional information may be required.
- For any section of this form, attach additional sheets as necessary.
- Mail this form and all attachments to

DELCORA
 Pretreatment Department
 100 E. 5th Street
 Chester, PA 19013

Philadelphia Water Department
 9001 State Road
 Philadelphia, Pennsylvania 19136
 Attention: Walter Milton

GENERAL INFORMATION	
1. Facility/ Company Name:	2. Permit Number:
3. Name of Spill/Slug Prevention Plan	4. Spill/Slug Prevention Plan Revision Date:

SPILL/SLUG PREVENTION PLAN REQUIREMENTS PER THE DELCORA STANDARDS, RULES, AND REGULATIONS OF 2011

Requirement	Page Number
5. Contains a description of discharge practices, including routine and non-routine batch discharges.	
6. Contains a description of stored chemicals.	
7. Contains procedures for promptly notifying DELCORA and PWD of slug discharges as defined under 40 CFR Section 403.5(b), with procedures for follow-up written notification within five (5) days.	
8. Contains any necessary procedures to prevent accidental spills, including maintenance of storage areas, handling and transfer of materials; loading and unloading operations, and control of plant site runoff.	
9. Contains any necessary measures for building containment structures or equipment.	
10. Contains any necessary measures to assure the integrity of storage vessels and piping.	
11. Contains any necessary measures for controlling toxic organic pollutants (including solvents).	
12. Contains any necessary procedures and equipment for emergency response.	
13. Contains any necessary follow-up practices to limit the damage suffered by the treatment plant or its environment.	
14. Lists DELCORA and PWD as an Emergency Contact.	
15. Comments:	

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ADDITIONAL INFORMATION

16. Is spill/slug prevention and response training provided to personnel? Yes* No
*If Yes, please describe.

17. Are the following notification requirements included in the Spill/Slug Prevention Plan? Yes No
- a. The Permittee shall notify DELCORA and PWD immediately upon the occurrence of an intentional or uncontrolled discharge that may cause problems to the POTW or that does or may violate permit conditions. The notification shall include location of discharge, date and time thereof, type of waste, including concentration and volume, and corrective action taken.
 - b. At a minimum the written notification shall include the following:
 - i. Description and cause of the slug loading or unintentional discharge or problem discharge, and the impact on the Permittee's compliance status. The description should also include location of discharge, type, concentration and volume of waste.
 - ii. Duration of noncompliance, including exact dates and times of noncompliance, and if the noncompliance continues, the time by which compliance is reasonably expected to occur.
 - iii. All steps taken or to be taken to reduce, eliminate, and prevent recurrence of such a slug loading, intentional discharge, problem discharge or other conditions of noncompliance.

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 a fine and/or imprisonment for knowing violations.

Name of Authorized Representative (Print)

Title (Print)

Signature

Date