

# TOXIC ORGANIC MANAGEMENT PLAN

Business/Industry		Contact	
Mailing Address		Phone	
		Fax	
Physical Address		e-mail	
		Wastewater Permit #	

**I. Description of Facilities and Solvents Used**

**A. Process Description**

**Include a schematic drawing that shows:**

Major Points of application of organics.	Storage areas of organics.
Any / All floor drains in the areas where organics are located.	All connections to City Sewer

**B. Identification of Toxic Organic Chemicals**

**1. Attach copy of Workplace Chemical List**

Describe below any/all chemicals found on Appendix A, approximate volumes used, and why it is used.

**2. Attach TTO analysis (40 CFR 433.10) of wastewater discharge.**

List below all chemicals found on Appendix A

(use additional sheet if necessary)

**TTO Parameters Found**

<u>Compound</u>	<u>Concentration mg/L</u>

**II. Description of Possible Control Options** (to remove organics from wastewater stream)

(This may include solvent substitution, process modifications, segregated drain systems, sealing of floor drains, chemical storage procedures, hazardous waste disposal practices, employee training, etc.)

**III. Current Disposal /Recycling Practices for toxics and other waste (including hazardous)**

Type of waste	Monthly volume disposed gallons/ pounds	End User/Contractor

**IV. Toxic Organic Management Plan**

As a result of the TTO analyses and control options outlined above, \_\_\_\_\_ believes that all of its toxic organic pollutant discharges **can / can not** be controlled by a toxic organic management plan in lieu of routine toxic organic monitoring.

List all Control Options that will be implemented.

**V. Implementation**

All provisions of this plan will be fully implemented by \_\_\_\_\_.

**VI. Certification Statements (Both must be signed)**

Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard [or permit limitation] for total toxic organics (TTO), I certify that to the best of my knowledge and belief, no dumping of concentrated toxic organic into the wastewaters has occurred since filing the last report. I further certify that this facility is implementing the toxic organic management plan submitted to the control [or permitting] authority.

Signature of Business Owner/Operator

Name and Official Title

Date

I certify that 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 of Business Owner/Operator

Name and Official Title

Date

# Supplemental TTO Analysis Sheet

2. **Attach TTO analysis** (40 CFR 433.10) of wastewater discharge.  
List below all chemicals found on Appendix A

## TTO Parameters Found

<u>Compound</u>	<u>Concentration mg/L</u>