



TOXIC ORGANIC MANAGEMENT PLAN (TOMP)

This form must be submitted and approved if your company wishes to obtain a waiver from sampling for total toxic organics (TTOs). TTO waivers are offered twice per year for the periods January-June and July-December based on your TTO sample results and approval of this TOMP.

An example of a completed TOMP is attached for your reference; if you have any questions, please contact your OC San permit engineer.

Company Name: _____

Permit Number: (if renewal; for new permits, leave blank) _____

Address: _____

I. Process Engineering Analysis

A. Process description (describe what your business does, the processes at your facility, sources of wastewater, and how wastewater is treated/disposed):

B. Identification of toxic organic chemicals (solvents, paints, corrosion inhibitors, degreasers, etc.):

II. Pollution Control Evaluation

Steps your company has taken/considered to reduce the amount of TTOs entering the sewer system:

III. Toxic Organic Management Plan

As a result of the above pollution control evaluation, it is believed that all toxic organic pollutant discharges can be controlled by the following toxic organic management plan in lieu of routine TTO self-monitoring.

(Please detail all that apply.)

A. Solvent Substitution:

B. Process Changes:

C. Toxic Organic Chemical Inventory:

<u>Product/Material</u>	<u>Toxic Organic Chemical</u>	<u>Quantity Used (gallons/year)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Storage Procedures:

E. Spill Containment/Sealing Floor Drains:

F. Disposal Practices:

G. Personnel Training:

H. Inspections/Maintenance and Frequency:

I. Implementation of TOMP (date implemented or planned):

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

Signature of Responsible Officer: _____

Print Name of Responsible Officer: _____

Title of Responsible Officer: _____

Date: _____