

# Toxic Organic Management Plan

City of Dayton  
Industrial Pretreatment Program

Date \_\_\_\_\_

Facility Name \_\_\_\_\_

Mailing Address: Street/ PO Box

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Facility Address: Street/ PO Box

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Representative Signature \_\_\_\_\_

Authorized Representative Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Name of Individual Responsible for Implementing the  
TOMP \_\_\_\_\_

Facility Emergency Response  
Coordinator \_\_\_\_\_



**STEP # 2 (A-C, E-F) – IDENTIFY AND APPROXIMATE THE QUANTITIES OF TTO IN THE WASTESTREAM**  
 (Make copies of this page as needed to use one row for each different Toxic Organic detected in the analysis)

Date Sample was collected \_\_\_\_\_ Laboratory used \_\_\_\_\_  
 Attach a copy of the laboratory analysis used for completing this table

| TOXIC ORGANIC CHEMICAL FOUND IN THE WASTESTREAM | TOXIC ORGANIC CONCENTRATION IN THE WASTESTREAM (mg/l) | STEP(S) IN THE REGULATED PROCESS WHERE TOXIC ORGANICS ARE USED | QUANTITY (gpd) OF TOXIC ORGANIC USED IN EACH STEP OF THE REGULATED PROCESS | OTHER SOURCE(S) OF ENTRY INTO THE WASTESTREAM |
|---|---|--|--|---|
|   |   |  |  |   |
|   |   |  |  |   |
|   |   |  |  |   |
|   |   |  |  |   |

**STEP # 2 (D) – FLOW SCHEMATIC SHOWING ALL SOURCES WHERE TOXIC ORGANICS MAY ENTER THE WASTESTREAM**

**STEP # 3 (A-E) – METHODS OF DISPOSAL**

(Make copies of this page as needed to use one row for each different Toxic Organic Waste generated)

| WASTE DESCRIPTION | AMOUNT DISPOSED OF | FREQUENCY OF DISPOSAL | METHOD OF DISPOSAL | DISPOSAL CONTRACTOR NAME OR RECEIVING STREAM | MAXIMUM DAILY AMOUNT STORED | AVERAGE DAILY AMOUNT STORED |
|-------------------|--------------------|-----------------------|--------------------|--|-----------------------------|-----------------------------|
|                   |                    |                       |                    |  |                             |                             |
|                   |                    |                       |                    |  |                             |                             |
|                   |                    |                       |                    |  |                             |                             |
|                   |                    |                       |                    |  |                             |                             |
|                   |                    |                       |                    |  |                             |                             |

**STEP # 3 (F-I) – METHODS OF DISPOSAL**

(Make copies of this page as needed to use one row for each different Toxic Organic Waste generated)

**FACILITY RCRA GENERATOR NUMBER** \_\_\_\_\_

| WASTE DESCRIPTION | LOCATION OF STORAGE | DURATION OF STORAGE | SPILL / LEAK PREVENTATIVE MEASURES | CONTROL OPTIONS TO MINIMIZE OR ELIMINATE THE DISCHARGE OF TOXIC ORGANIC |
|-------------------|---------------------|---------------------|------------------------------------|---|
|                   |                     |                     |                                    |   |
|                   |                     |                     |                                    |   |
|                   |                     |                     |                                    |   |
|                   |                     |                     |                                    |   |
|                   |                     |                     |                                    |   |

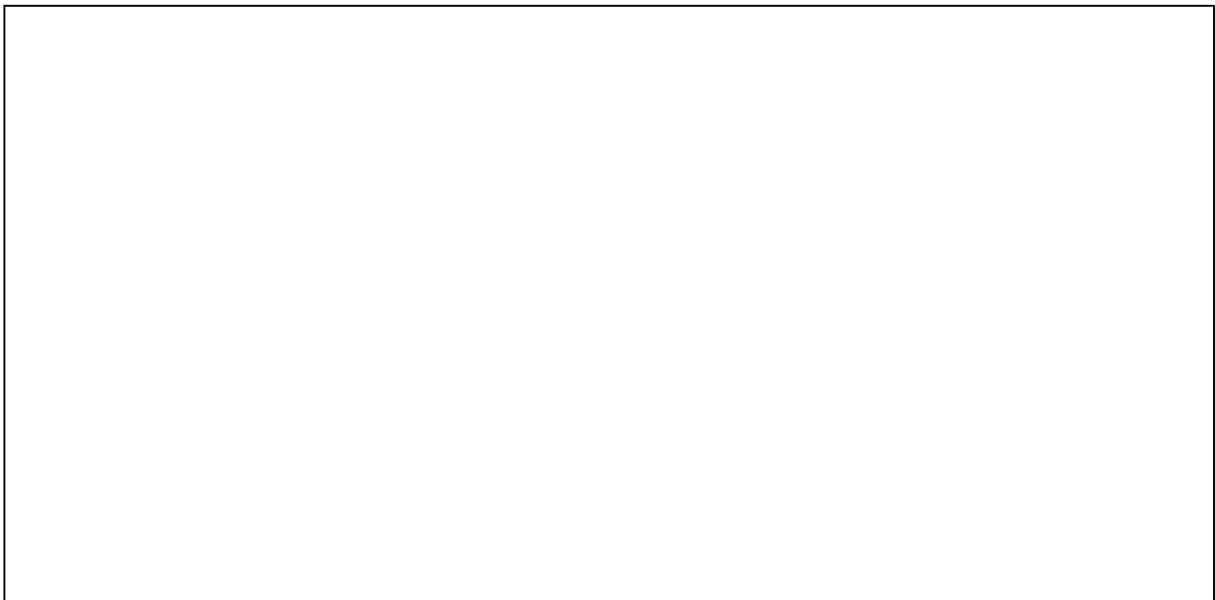
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**STEP #4 (A-D) – PRACTICES TO INSURE THAT SPILLS OR LEAKS DO NOT ROUTINELY OCCUR. HOUSEKEEPING PROCEDURES DURING THE USE, COLLECTION AND STORAGE OF ORGANICS.**

DESCRIBE LABELING AND HANDLING PROCEDURES FOR TOXIC ORGANICS:



DESCRIBE STORAGE OF TOXIC ORGANICS, INCLUDING PRACTICE OF STORING MINIMAL AMOUNTS (IF APPLICABLE):



DESCRIBE ANY FLOOR DRAINS IN THE FACILITY AND WHERE THEY ARE LOCATED IN RELATION TO THE TOXIC ORGANIC COMPOUNDS' USE AND STORAGE:

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed description of any floor drains in the facility and their location relative to the use and storage of toxic organic compounds.

DESCRIBE SECONDARY CONTAINMENT SYSTEMS (I.E. SUMPS OR DIKES), TO INCLUDE ANY OVERFLOW CONTROL EQUIPMENT (IF APPLICABLE):

A large, empty rectangular box with a thin black border, intended for the user to describe any secondary containment systems, such as sumps or dikes, and any overflow control equipment that may be present in the facility.

DESCRIBE VISUAL INSPECTION PROCEDURES OF TANKS, DRUMS, PIPES, ETC.:

DESCRIBE EMPLOYEE TRAINING REGARDING USE, COLLECTION, AND STORAGE OF ALL CHEMICALS WITH WHICH THEY WORK:

DESCRIBE PROCEDURES BY WHICH EMPLOYEES ARE INFORMED OF THE HEALTH RISKS ASSOCIATED WITH EXPOSURE TO THE TOXIC ORGANIC CHEMICALS WITH WHICH THEY WORK:

A large, empty rectangular box with a thin black border, intended for the user to describe the procedures for informing employees of health risks.

**STEP #4 (E) - FLOOR PLAN SHOWING STORAGE LOCATION OF TOXIC ORGANICS PRIOR TO USE AND TOXIC ORGANICS AWAITING DISPOSAL**

**STEP # 5 (A-D) – SPILL OR LEAK PROCEDURES**

**NOTIFICATIONS PROCEDURES (this list should be posted where organics are used and stored)**

| AGENCY   | PHONE NUMBER   |
|--|--|
| Facility Emergency Response Coordinator          |  |
| Ohio EPA District Office – Pretreatment Unit     | (937) 285-6095<br>(800) 282-9378 (24-hr Spill Hotline)                                   |
| City of Dayton, Division of Wastewater Treatment | (937) 333-1501 or, if no answer (937) 333-4900<br>(24 hour water emergency phone number) |
|  |  |
|  |  |
|  |  |

**INFORMATION TO PROVIDED WHEN NOTIFYING THE APPROPRIATE PARTIES**

|  |  |
|--|--|
| FACILITY NAME  |  |
| FACILITY LOCATION  |  |
| RECEIVING POTW<br>(City of Dayton, Wastewater Treatment Plant) |  |
| CHEMICAL(S) THAT LEAKED / SPILLED                              |  |
| QUANTITY OF THE CHEMICAL(S)                                    |  |
| TIME AND DURATION OF THE SPILL / LEAK                          |  |
| STEPS TO ELIMINATE ANY FURTHER SPILLS / LEAKS                  |  |

DESCRIBE THE PRACTICES TO BE FOLLOWED IN THE EVENT OF A SPILL OR LEAK:

DESCRIBE THE EQUIPMENT / SUPPLIES ON SITE TO CONTAIN A RUPTURE IN THE LARGEST CONTAINER:

DESCRIBE EMPLOYEE TRAINING PROCEDURES TO FOLLOW IN THE EVENT OF A SPILL OR LEAK OF A TOXIC ORGANIC:



**STEP #6 – Certification Statement for Facilities Using or Storing Total Toxic Organics**

“Based on my inquiry of the person or persons directly responsible for managing compliance with the standards for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastestream has occurred since filing the last Periodic Report on Continued Compliance. I further certify that this facility is implementing the current Toxic Organic Management Plan which is on file with the City of Dayton, Division of Wastewater Treatment.”

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Name (print or type)

\_\_\_\_\_  
Title

**STEP #7 - Certification Statement for Facilities Not Using or Storing Total Toxic Organics**

“I certify that toxic organic compounds or compounds containing such toxic organics, as regulated by an applicable categorical pretreatment standard, are not used or stored at this facility. If any production process is modified, or if conditions change that effect the use and or storage of toxic organics, I will notify the City of Dayton, Division of Wastewater Treatment.”

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Name (print or type)

\_\_\_\_\_  
Title