



TOXIC ORGANIC SUMMARY

Company Name: _____ IW Permit No. _____
Situation Address: _____ Tel: _____
_____ Zip Code: _____

A. Check Appropriate Box(es)

- 1. [] TTO COMPOUNDS ARE STORED AND/OR USED AT THIS FACILITY, TOMP ATTACHED
2. [] NO TTO COMPOUNDS ARE STORED OR USED AT THIS FACILITY, TOMP ATTACHED
3. [] THIS COMPANY WILL PERFORM SELF-MONITORING FOR TTO (CHECK ONE OF THE BOXES BELOW)
4. [] MONITORING WILL BE FOR THE ENTIRE LIST OF REGULATED TTO COMPOUNDS LISTED IN ATTACHMENT 3 FOR THE CATEGORY CHECK IN SECTION B BELOW.
5. [] MONITORING WILL BE PERFORMED FOR TTO COMPOUNDS EXPECTED TO BE PRESENT IN THE WASTEWATER. IT IS UNDERSTOOD THAT AS A MINIMUM THIS COMPANY WILL MONITOR FOR APPROXIMATELY 30 VOLATILE ORGANIC COMPOUNDS

A list of compounds stored or used at this facility and those expected to be present in the wastewater is included here. (E & E C category may not choose this option).

Table with 2 columns: TTO compounds Stored or Used at this Facility (attach additional pages as necessary) and Is the compound listed in the adjacent column expected to be present in the wastewater? (yes or no). Includes 5 rows of blank lines for data entry.

B. EPA Category (check one)

- [] Electroplating (40 CFR 413) [] Electrical & Electronic Components (40 CFR 469) Subpart (A, B, or C)
[] Metal Finishing [] Other (describe)

C. Based on my inquiry of the person or persons directly responsible for managing compliance with EPA and Sanitation Districts' wastewater regulations, I certify that, to the best of my knowledge and belief, the above information on toxic organic compounds and all attachments are true. The Districts will be notified in writing of any changes made to the information supplied here.

Signature of Company Official: _____ Date: _____

Print Name of Official: _____ Title of Official: _____