



REQUEST FOR TOXIC ORGANIC MANAGEMENT PLAN APPROVAL																		
DBA: _____		CATEGORY : _____																
PHONE: () -																		
PERMIT(S): W- W- W- W- IU																		
ADDRESS:	STREET: _____																	
	CITY, STATE ZIP: _____																	
<p>This is a request for approval of the Toxic Organic Management Plan (TOMP) utilized by this facility.</p> <p>The undersigned authorized representative understands that approval of the TOMP will allow the facility to certify with each periodic Self-Monitoring Report, that the TOMP is implemented, rather than monitor for toxic organics.</p>																		
<p>I certify that this facility is implementing the attached Toxic Organic Management Plan.</p> <p>Based on my inquiry of the person or persons directly responsible for managing compliance with pretreatment standards for total toxic organics (TTOs), I certify, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewater has occurred since the Toxic Organic Management Plan has been implemented.</p> <p>I further certify that this facility will continue to monitor for toxic organics until the City of Los Angeles has approved the Toxic Organic Management Plan.</p>																		
<p>I further 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. 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.</p>																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">AUTH. REPRESENTATIVE SIGNATURE</td> <td style="width: 33%; border-bottom: 1px solid black;">PRINT NAME</td> <td style="width: 15%; border-bottom: 1px solid black;">TITLE</td> <td style="width: 19%; border-bottom: 1px solid black;">DATE</td> </tr> </table>				AUTH. REPRESENTATIVE SIGNATURE	PRINT NAME	TITLE	DATE											
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<p>In requesting that no monitoring of toxic organics be required, the industrial user indicated above shall submit, to the satisfaction of the City of Los Angeles, a Toxic Organic Management Plan that specifies the following.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Toxic Organic Compounds used</td> <td style="width: 33%;">Disposal Methods</td> <td style="width: 34%;">Treatment Technologies</td> </tr> <tr> <td>Toxic Organic Sources</td> <td>Spill Prevention Techniques</td> <td>Employee Training</td> </tr> </table> <p>The Toxic Organic Management Plan also requires that the industrial user specify which of the following the Pollution Prevention Techniques are utilized:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Material Substitution</td> <td style="width: 33%;">Off-Site Recycling/Reclamation</td> <td style="width: 34%;">Water Conservation</td> </tr> <tr> <td>Process Substitution</td> <td>Installation Of P2 Equipment/Systems</td> <td>Operating Practices and Management</td> </tr> <tr> <td>On-Site Reuse</td> <td>Product Changes</td> <td></td> </tr> </table>				Toxic Organic Compounds used	Disposal Methods	Treatment Technologies	Toxic Organic Sources	Spill Prevention Techniques	Employee Training	Material Substitution	Off-Site Recycling/Reclamation	Water Conservation	Process Substitution	Installation Of P2 Equipment/Systems	Operating Practices and Management	On-Site Reuse	Product Changes	
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<p>NOTE: Upon approval the City of Los Angeles will incorporate the approved Toxic Organic Management Plan as part of the Industrial Wastewater Permit.</p>																		

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POSTMARKED DATE _____	DATA INPUT BY: _____	REVIEWED BY _____
RECEIVED DATE: _____	INPUT DATE: _____	REVIEW DATE: _____

REQUEST FOR TOXIC ORGANIC MANAGEMENT PLAN APPROVAL

TOXIC ORGANIC MANAGEMENT PLAN CHECKLIST

TOXIC ORGANIC MANAGEMENT PLAN (TOMP)			
IU DBA NAME: _____		IU#: _____	
Instructions: This form must be submitted with the "Request for Toxic Organic Management Plan Approval." Please place a checkmark (✓) in Columns A for all items applicable to this facility. Note: Columns B to be completed by City personnel to verify the accuracy of this TOMP.			
A IU ✓	Toxic Organic Compounds	B ↔	A IU ✓
			Pollution Prevention Techniques
	MSDS's Attached MSDS's Previously Submitted TTO Sources NONE Solvent Lubricant Cleaning Solution Non-Metal Tanks Raw Material Chemical Reactions Air Pollution Control Devices Paints Other Disposal Methods Offsite Disposal or Redamation Discharge to Sewer Evaporation Incineration Treatment Other Spill Prevention Techniques Berming Floor Drains Process Tanks Process Piping Ground Water Protection Storm Drain Sewer Connections Cleanouts Storage Area Other Treatment Technologies Carbon absorption Dissolved air flotation Air sparging Oil and grease extraction Evaporation Steam Stripping Biological Treatment Employee Training Employee training OPM60 Other (list) See Attached		Material Substitution Water-based (non-halogenated solvents) Non-chlorophenolic biocides Alkaline (not solvent) degreasing Replace acetone with ethylacetate Process Modifications Water-based (not oil based) coolants and inks Drag out reductions (air knives, drainage boards) High pressure/low volume systems Use of reusable instead of disposable filters/containers On-Site Reuse Solvent recycling Regeneration of forge and machining coolants Polystyrene recycling Off-Site Recycling/Reclamation Tramp oils Machine shop coolants Inter-industry waste exchange Installation Of P2 Equipment/Systems Use of refrigerated freeboard on vapor degreasing units Over flow control devices Closed loop systems Equipment Modernization Product Changes Product Substitution (convert to less toxic product) Product Reformation (convert to less toxic components) Operating Practices and Management SB 14 ISO 14000 EMS Other Environmental Management Programs Segregate wastestreams eliminating pollutant formation Water Conservation Over-tank rinsing Counter current rinsing Cascade rinsing Static rinsing Reuse of treated effluent Use of spray rinsing Install aeration device on faucets Recirculating cooling Other (list) See Attached
			P2 Code MS 10 MS 100 MS 110 MS 40 PS 10 PS 60 PS 70 PS 80 OSR 80 OSR 50 OSR 40 OSRR 10 OSRR 20 OSRR 90 IPES 40 IPES 50 IPES 60 IPES 70 PC 10 PC 20 OPM 10 OPM 20 OPM 30 OPM 50 OPM 80 WC 10 WC 100 WC 20 WC 30 WC 60 WC 80 WC 90 WC 40

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VERIFICATION BY

SIGNATURE

PRINT NAME

TITLE

Date:
MM/DD/YY

REVISED 09/14/2011