



**CITY OF SALEM
ENVIRONMENTAL SERVICES (ES)
TOXIC ORGANIC MANAGEMENT PLAN OUTLINE FORM
(FOR COMPANIES NOT USING TOXIC ORGANIC COMPOUNDS.)**

1. General Information

Industrial User Name: _____

Industrial User Address: _____

Industrial User Discharge Permit Number: _____

Primary facility contact with 24 hour phone numbers: _____

Secondary facility contact with 24 hour phone numbers: _____

2. Facility Description

Nature of Business: _____

Operating Hours: _____

Number of Employees: _____

Provide detailed drawings of facility to include: Only if ES does not have drawing on file.

- Location of all raw materials
- Location of all chemicals
- Location of all waste
- Location of all floor drains
- Location of all other discharge points
- Location of all outside exits
- Location of all posted notices of emergency contacts
- Location of all stormwater drains

3. Purpose and Scope

The purpose of the plan is to identify how sources of toxic organics are not used, stored or manufactured in the facility. To describe existing controls necessary to insure that these chemicals are not intentionally or accidentally used, stored or manufactured in the facility. Refer to Attachment A for the toxic organic list.

4. Process modifications – describe any modifications made to comply with this plan.

5. Certification Statement:

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

Name and Title of Representative: _____

Signature of Representative: _____

Date of Signature: _____