

TOTAL TOXIC ORGANICS (TTO) CERTIFICATION

Certain Categorical Industrial Users (CIUs) regulated for TTO may supply certification in lieu of TTO monitoring data if they meet one of the following conditions:

1. The CIU does not utilize any toxic organics (as defined in 40 CFR 413, Section 413.02, 40 CFR 433, Section 433.11, or 40 CFR 469, Section 469.12) in their regulated process(es); or
2. The CIU does utilize toxic organics (as defined in 40 CFR 413.02, 40 CFR 433.11, or 40 CFR 469.12) in their regulated process(es), however the CIU has submitted an appropriate solvent management plan or a Toxic Organic Management Plan to WSSC. The plan must specify, to WSSC's satisfaction, the toxic organic compounds used; the method of disposal used instead of dumping, such as reclamation, contract hauling or incineration; and procedures for assuring that toxic organic compounds do not routinely spill or leak into the wastewater.

If you **do not utilize** toxic organics (as defined above) in your regulated process(es), then complete Section I of this attachment.

If you **do utilize** toxic organics, you may complete Section II of this attachment if you:

- have an approved solvent management or TOMP, and
- manage TTO in such a manner that no organics enter your wastestreams by design.



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Section I

Based on my inquiry of the person(s) directly responsible for managing compliance with the permit limitations for Total Toxic Organics, I certify that, to the best of my knowledge and belief, no toxic organics are used by this facility. Therefore, there is no reason to expect any toxic organics to be present i the wastewaters.

Industry Name

Authorized Representative Signature

Printed Name

Date

Title

Reporting Period/Year



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Section II

Based on my inquiry of the person(s) directly responsible for managing compliance with the permit limitations 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 of the last monitoring report. I further certify that this facility is implementing a solvent management or a Toxic Organic Management Plan (TOMP).

Date of Solvent Management Plan or TOMP

Industry Name

Authorized Representative Signature

Printed Name

Date

Title

Reporting Period/Year