Toxic Organic Management Plan

Facility Name:

Facility Address:

Solvent Tracking Table

| Product Name | Commercial Name | Qty. Purchased | # of Containers | Container Volume | Est. Qty. Used | Est. Evaporation | Qty. Hauled | Stock Remaining |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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Comments:

“Based on my inquiry of the person or persons directly responsible for managing compliance with the TTO limitations, 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 report. I further certify that this facility is implementing the toxic organic management plan submitted to the Control Authority on [Date].

"I 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 gathered and evaluated the information submitted. 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."

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“Facility Contact”

“Contact Person’s Title”

\_\_\_\_\_\_\_\_\_

Date