# WASTEWATER DISCHARGE PERMIT APPLICATION

FOR OFFICE USE ONLY:
Sic Permit: _____
Date: _____
Expiration Date : _____

Information provided in this application will be used for issuance of a Wastewater Discharge Permit, required by the Albany Municipal Code Chapter 10.06. Information on processing and compliance with standards is required to satisfy Federal General Pretreatment Regulations 403.12, including submittal of Baseline Monitoring Reports.

## Part A. General Applicant Information

A1. Business Name: _____

A2. Facility Address: _____

A3. Mailing Address

Street or P.O. Box: _____

City: _____ State: _____ Zip: _____

A4. Contact Person: Name: _____ Title: _____

Day Phone No.: _____ Evening Phone No.: _____

A5. Local Corporate Officer Name _____ Title: _____

A6. Business Owner: (Owner and/or Business name) _____

Street or P.O. Box: _____

City: _____ State: _____ Zip: _____

A7. Type of Business: _____ SIC Code(s): _____

**AUTHORIZED REPRESENTATIVE STATEMENT:**

*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 ensure that qualified personnel properly gather and evaluate 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

_____ _____
Signature of Authorized Representative Date

_____ _____
Printed Name Title

## PART B. Facility General Information

B1. General description of business:

_____

_____

B2. Have you been issued any federal, state, or local environmental permits?

Yes☐ No☐

If yes, please list the permit(s):

_____

_____

B3. Facility Staffing:

| EMPLOYEES PER SHIFT | | |
|---|---|---|
| 1ST Shift | 2ND Shift | 3rd Shift |
| | | |

B4. Does operation shut down for vacation, maintenance, or other reasons?

☐ Yes, indicate reasons and period when shutdown occurs:

_____

☐ No

B5. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

☐ Yes, please describe below

☐ No, skip to B9.

| Waste Generated | Quantity (per year) | Disposal Method |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

B6. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

_____

B7. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

_____

B8. If an outside firm removes any of the above listed wastes, state the name(s) and address(es) of all waste haulers:

a. _____ b. _____

_____ _____

_____ _____

Permit No. (if applicable): _____ Permit No. (if applicable): _____

B9. Do you (or will you) discharge oils, grease, or fats to the public sewer? ☐ Yes ☐ No

If yes, is there (or will there be) an oil separator or grease trap in your sewer connection?

☐ Yes ☐ No

If yes, what is your normal frequency of cleaning the oil separator or grease trap?

_____

Where do you dispose of trapped oil and grease?

_____

B10. Do you (or will you) have chemical storage containers, tanks, bins, or ponds at your facility? (This includes hot tanks, plating booths, rinse tanks, stripping tanks, etc.) ☐ Yes ☐ No

If yes, please attach a description of their location, contents, size, type, and frequency and method of cleaning.

B11. Do you (or will you) have floor drains in your manufacturing or chemical storage area?

☐ Yes ☐ No

B12. If you have chemical storage containers, tanks, bins, or ponds, could an accidental spill lead to a discharge to:

☐ an onsite disposal system ☐ to ground ☐ storm drain

☐ public sewer system ☐ other: specify

B13. Do you have an accidental spill prevention program to prevent spills or slug discharges from entering the City's collection system?

☐Yes ☐No

B14. Do you or will you discharge wastewater (other than domestic waste from restrooms, lunchroom, etc.) to the public sewer system? ☐ Yes ☐ No

If you answered yes to question B13, please answer all questions in the remaining enclosed application, and sign the Certification Statement on Page 1.

If you answered no to question B13, no further information is required; simply sign the Certification Statement on Page 1.

**Confidentiality**

Nonexempt public records of the City of Albany are disclosed to the public upon request. Exemptions from public disclosure are granted for certain circumstances including trade secrets, and any exemption must meet the criteria described in the Albany Municipal Code Chapter 10.06.070(9). If you are requesting that any sections of this questionnaire remain confidential, please list the specific sections and provide information why confidentiality is requested.

## PART C. Business Process Description

| PURPOSE: | The business process description is primarily used to determine the substances that may enter into the wastewater discharge from the business activity. The production quantities are not for public record. |
|---|---|

C1. Business Activity - (Complete a separate PART C for each major business activity occurring on the premises.)

ACTIVITY: _____

TYPE OF PRODUCTS: _____

1. _____
2. _____
3. _____

Description of activities, facilities, and plant processes on the premises including all materials that are, or could be, discharged including cleanup chemicals and wash-down water:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Indicate applicable Standard Industrial Classification (SIC) for all processes (If more than one applies, listing descending order of importance.):

1. _____
2. _____
3. _____
4. _____
5. _____

C2. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

A facility with processes inclusive in these business areas may be covered by the Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users." A complete list of EPA's categorical industries may be obtained in Title 40 of the Code of Federal Regulations Part 401 – 471, or by contacting the City Environmental Services Office. A complete list of EPA's categorical industries may be obtained in Title 40 of the Code of Federal Regulations (40 CFR), or by contacting the City's Industrial Pretreatment office.

Industrial Categories

- ☐ * Aluminum Forming
- ☐ Asbestos Manufacturing
- ☐ Battery Manufacturing
- ☐ * Can Making
- ☐ Carbon Black
- ☐ Coal Mining
- ☐ * Coil Coating
- ☐ * Copper Forming
- ☐ * Electric and Electronic Components Manufacturing
- ☐ * Electroplating
- ☐ Feedlots
- ☐ Fertilizer Manufacturing
- ☐ * Foundries (Metal Molding and Casting)
- ☐ Glass Manufacturing
- ☐ Grain Mills
- ☐ Inorganic Chemicals
- ☐ * Iron and Steel
- ☐ Leather Tanning and Finishing
- ☐ * Metal Finishing
- ☐ Nonferrous Metals Forming
- ☐ Nonferrous Metals Manufacturing
- ☐ Organic Chemicals Manufacturing
- ☐ Pesticides Manufacturing
- ☐ Petroleum Refining
- ☐ Pharmaceutical
- ☐ Plastic and Synthetic Materials Manufacturing
- ☐ Plastic Processing Manufacturing
- ☐ Porcelain Enamel
- ☐ Pulp, Paper, and Fiberboard Manufacturing
- ☐ Rubber
- ☐ Soap and Detergent Manufacturing
- ☐ Steam Electric
- ☐ Sugar Processing
- ☐ Textile Mills
- ☐ Timber Products

* Subject to Total Toxic Organics (TTO) reporting requirements (see page 9).

C3. Facility Operational Characteristics

| DISCHARGE PERIOD | |
|---|---|
| Discharge occurs daily from _____<br>to _____<br>Check the days of the week discharge occurs.<br>☐ Sunday<br>☐ Monday<br>☐ Tuesday<br>☐ Wednesday<br>☐ Thursday<br>☐ Friday<br>☐ Saturday | Variation of operation indicates whether business activity is throughout the year or seasonal. Check months during which discharge occurs. ☐ All months<br>☐ January ☐ July<br>☐ February ☐ August<br>☐ March ☐ September<br>☐ April ☐ October<br>☐ May ☐ November<br>☐ June ☐ December |

C4. Production process is:

☐ Batch ☐ Continuous ☐ Both _____% Batch _____% Continuous

PRODUCTION TRENDS:

| PRODUCT | ESTIMATED THIS CALENDAR YEAR Using the previous calendar year as a baseline, estimate the percent increase/decrease for this calendar year. |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

C5. List types of raw materials used or planned for use (attach list if needed):

_____

_____

_____

_____

_____

Facilities that checked activities in question C2 are considered Categorical Industrial Users and should skip to question C7.

C6. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic corresponding to each process. Refer to Flow Diagram, page 16. (New facilities should provide estimates for each discharge.)

| No. | Plant Process | Average Flow (GPD) | Maximum Flow (GPD) | Type of Discharge (batch, continuous, none) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**ANSWER QUESTIONS C7 AND C8 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS**

C7. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic corresponding to each process. (New facilities should provide estimates for each discharge.)

| No. | Plant Process | Average Flow (GPD) | Maximum Flow (GPD) | Type of Discharge (batch, continuous, none) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| No. | Plant Process | Average Flow (GPD) | Maximum Flow (GPD) | Type of Discharge (batch, continuous, none) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| No. | Plant Process | Average Flow (GPD) | Maximum Flow (GPD) | Type of Discharge (batch, continuous, none) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

C8. For Categorical Users Subject to Total Toxic Organic (TTO) Requirements:

If your business is one of the * categories in B2, it is classified as a federal categorical industrial user subject to TTO management requirements. To fulfill these requirements, you must disclose whether you use and discharge any of the products listed on Attachment A.

Industries who use any of these chemicals must test for them in their plant process effluent and submit the TTO test results to the City to ensure compliance with federal pollutant regulations. Industries not using or discharging any of the listed toxic organics are required to submit a solvent management plan, along with a signed and dated statement verifying there is no dumping of any of these toxins from their process. A sheet outlining the information needed for a solvent management plan along with the verification statement that no discharging is taking place is enclosed.

Submit either a copy of current TTO test results or a solvent management plan with the signed verification to the City with your current permit renewal application.

Provide the following (TTO) information.

a. Does (or will) this facility use any of the toxic organics listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?

☐ Yes ☐ No

If yes, list toxic organics used:

_____

_____

b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?

☑ Yes ☐ No

c. Has a toxic organics management plan (TOMP) been developed?

☐ Yes ☐ No
(If "Yes", please attach a copy.)

C9. Solvent Management Plan (Applies to businesses regulated under 40 CFR 413.03(b)):

In requesting that no monitoring be required, industrial users of Publicly Owned Treatment Works (POTW) shall submit a solvent management plan specifying to the control authority's satisfaction:

a. The toxic organic compounds used.

b. The method of disposal used instead of dumping, such as reclamation, contract hauling, or incineration.

c. Procedures for ensuring that toxic organics do not routinely spill or leak into the wastewater.

C10. TTO Certification Statement

Reference: 40 CFR 413.03(a)

Based on my inquiry of the person or persons directly responsible for managing compliance with the 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 waste waters has occurred since filing the last discharge monitoring report. I further certify this facility is implementing the solvent management plan submitted to the control authority.

SIGNATURE: _____

TITLE: _____

COMPANY: _____

DATE: _____

## PART D. Wastewater Constituents

| Purpose: | To identify the characteristics of substances in the wastewater as a result of your operations. |
|---|---|

D1. Indicate with a ✓ if any of the following constituents, characteristics, or substances is or can be present in your wastewater discharge as a result of your operations or an accidental spill.

Indicate approximate quantities kept on site.

| ☑ | Quantity |
|---|---|
| ☐ Algicides | |
| ☐ Aluminum | |
| ☐ Ammonia | |
| ☐ Antimony | |
| ☐ Arsenic | |
| ☐ Barium | |
| ☐ Beryllium | |
| ☐ Boron | |
| ☐ Bromide | |
| ☐ Cadmium | |
| ☐ Calcium | |
| ☐ Chlorine | |
| ☐ Chloride | |
| ☐ Chromium | |
| ☐ Cobalt | |
| ☐ Copper | |
| ☐ Cyanide | |
| ☐ Fluoride | |

| ☑ | Quantity |
|---|---|
| ☐ Formaldehyde | |
| ☐ Hydrocarbons | |
| ☐ Iodide | |
| ☐ Iron | |
| ☐ Lead | |
| ☐ Magnesium | |
| ☐ Manganese | |
| ☐ Mercury | |
| ☐ Molybdenum | |
| ☐ Nickel | |
| ☐ Oil, Min., Orig. | |
| ☐ Oil total | |
| ☐ Pesticides | |
| ☐ pH base | |
| ☐ pH acid | |
| ☐ Phenols | |
| ☐ Phosphorus | |
| ☐ Potassium | |

| ☑ | Quantity |
|---|---|
| ☐ Radioactivity | |
| ☐ Selenium | |
| ☐ Silver | |
| ☐ Sodium | |
| ☐ Solvents | |
| ☐ Sulfate | |
| ☐ Sulfide | |
| ☐ Sulfite | |
| ☐ Surfactants | |
| ☐ Temp 140° F+ | |
| ☐ Titanium | |
| ☐ Tin | |
| ☐ Vanadium | |
| ☐ Volatile Acids | |
| ☐ Zinc | |
| ☐ Sand or Mud | |
| ☐ Other, (describe) | |
| | |

D2. List all principal materials regularly used in your facility that may be present in your wastewater dicharge (such as cleaning agents, solvents, food processing waste, plating solutions, catalysts, milk wastes, ink, etc.). Identify chemical constituents, if known, or brand name.

| Generic Type | Amount per Year | Chemical Constituents or Brand Names |
|---|---|---|
| **Example: Degreaser** | **3 Gallons** | **Trichlorethylene** |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

(Attach additional sheets if necessary)

## PART E. Water Source, Use, and Disposal

PURPOSE: The water source and use information will enable the City to determine the volume and sources of wastewater discharge to the sewer system.

E1. Water Use and Disposition - Average quantity of water received and wastewater discharged daily.

Name on the water bill: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Water service account number: _____

| WATER USE | SOURCE | GAL/DAY | DISCHARGED TO | GAL/DAY |
|---|---|---|---|---|
| Sanitary | | | | |
| Process | | | | |
| Boiler | | | | |
| Contact | | | | |
| Cooling | | | | |
| Non-contact cooling water | | | | |
| Washing | | | | |
| Irrigation | | | | |
| Product | | | | |
| Air pollution control | | | | |
| Other | | | | |
| **TOTAL** | | | | |

E2. Sewer information

a. For an existing business:

Is the building presently connected to the public sanitary sewer system?

☐ Yes: Sanitary sewer account number _____

☐ No: Have you applied for a sanitary sewer hookup? ☐ Yes ☐ No

b. For a new business:

(i) Will you be occupying an existing vacant building (such as in an industrial park)?

☐ Yes ☐ No

(ii) Have you applied for a building permit if a new facility will be constructed?

☐ Yes ☐ No

(iii) Will you be connected to the public sanitary sewer system?

☐ Yes ☐ No

E3. Wastewater Discharge Flow Rate

| Peak Hourly | Daily Maximum | Annual Daily Ave. | Seasonal Daily Averages, Gal/Day | |
|---|---|---|---|---|
| Gallons/Min. | Gallons/Day | Gallons/Day | Seasonal Min. | Season Max. |
| | | | | |
| | | | | |

E4. Wastewater Strength Characteristics[1]

| Strength Characteristics | Units | Average | Maximum (or Range of pH) |
|---|---|---|---|
| pH (Average and Range) | s.u. | | |
| Suspended Solids | mg/L | | |
| Total Biochemical Oxygen Demand | mg/L | | |
| Total Petroleum Hydrocarbons | mg/L | | |
| Other: | | | |
| | | | |
| | | | |
| | | | |

E5. Wastewater Pretreatment - Check the type of treatment given wastewater before it is discharged to the City sewer:

| | | | |
|---|---|---|---|
| ☐ None | ☐ Holding Tank | ☐ Grease Trap | ☐ Oil/Sand Separator |
| ☐ Settling | ☐ Sedimentation | ☐ pH Adjustment | ☐ Biological Treatment |
| ☐ Screening | ☐ Chlorination | ☐ Precipitation | ☐ Flow Equalization |
| ☐ Air Flotation | ☐ Centrifuge | ☐ Cyclone | ☐ Filtration |
| ☐ Grinding Filter | ☐ Grit Removal | ☐ Ion Exchange | ☐ Reverse Osmosis |
| ☐ Ozonation | ☐ Sump | ☐ Septic Tank | ☐ Solvent Separation |
| ☐ Spill Protection | ☐ Rainwater Diversion or Storage | | ☐ Other (describe) |

_____

[1] If lab data is available, please attach.

E6. Describe the loading rate, flow rate, design capacity, physical size, and operating procedures of each pretreatment facility checked above.

E7. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

E8. Wastewater discharge is:

☐ Batch ☐ Continuous ☐ Both _____ % Batch _____ % Continuous

E9. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

| | | | | |
|---|---|---|---|---|
| Current: | Flow Metering | ☐ Yes | ☐ No | ☐ N/A |
| | Sampling Equipment | ☐ Yes | ☐ No | ☐ N/A |
| Planned: | Flow Metering | ☐ Yes | ☐ No | ☐ N/A |
| | Sampling Equipment | ☐ Yes | ☐ No | ☐ N/A |

If so, please indicate the present or future location of this equipment on the sewer schematic in Part E and describe the equipment below:

E10. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

☐ Yes

☐ No, (skip question E11)

E11. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

_____

_____

_____

_____

E12. If you dispose of screened or settled material, or chemical baths to the sanitary sewer, indicate the source, frequency of disposal, and how you dispose of it.

_____

_____

_____

_____

E13. If batch discharge occurs or will occur, indicate (new facilities may estimate):

a. Number of batch discharges: _____ per day

b. Average discharge per batch: _____ (GPD)

c. Time of batch discharges _____ at _____
(day of week) (hours of day)

d. Flow rate _____ gallons/minute

e. Percent of total discharge _____

## PART F. Schematic Flow Diagram

| | |
|---|---|
| PURPOSE: | The schematic flow diagram shows flow pattern of products through the facility and the various sources of wastewater. This information will enable the City to assess the quality, volume, and peak flows of the discharge. For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate waste streams. Include the average daily volume and maximum daily volume of each waste stream [new facilities may estimate]. If estimates are used for flow data this must be indicated. Number each unit process having wastewater discharges to the community sewer. Use these numbers when showing this unit processes in the building layout. |

Site plans, floor plans, mechanical and plumbing plans and details to show all sewers, sewer connections, and appurtenances by the size, location, and elevation.

PLEASE SKETCH DETAILS OR SUBMIT SEPARATE PLANS…

## BUILDING LAYOUT

| | |
|---|---|
| PURPOSE: | Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public drains, public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. |

A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.

ATTACHMENT A

# TOXIC ORGANICS LIST

CFR 413.02(i) & 433.11(e)

The term "TTO" shall mean total toxic organics, which is the summation of all quantifiable values greater than 0.01 milligrams per liter for the following toxic organics:

Acenaphthene
Acrolein
Acrylonitrile
Benzene
Benzidine
Carbon tetrachloride (tetrachloromethane)
Chlorobenzene
1,2,4-trichlorobenzene
Hexachlorobenzene
1,2-dichloroethane
1,1,1-trichloroethane
Hexachloroethane
1,1-dichloroethane
1,1,2-trichloroethane
Chloroethane
Bis (2-chloroethyl) ether
17-Bis(chloro methyl)ether
2-chloroethyl vinyl ether (mixed)
2-chloronaphthalene
2,4,6-trichlorophenol
Parachlorometa cresol
Chloroform (trichloromethane)
2-chlorophenol
1,2-dichlorobenzene
1,3-dichlorobenzene
1,4-dichlorobenzene
3,3-dichlorobenzidine
1,1-dichloroethylene
1,2-trans-dichloroethylene
2,4-dichlorophenol
1,2-dichloropropane
1,2-dichloropropylene
1,3-dichloropropylene (1,3-dichloropropene)
2,4-dimethylphenol
2,4-dinitrotoluene
2,6-dinitrotoluene
1,2-diphenylhydrazine
Ethylbenzene
Fluoranthene
4-chlorophenyl phenyl ether
4-bromophenyl phenyl ether
Bis (2-chloroisopropyl) ether
Bis (2-chloroethoxy) methane
Methylene chloride (dichloromethane)
Methyl chloride (chloromethane)
Methyl bromide (bromomethane)
Bromoform (tribromomethane)
Dichlorobromomethane
Chlorodibromomethane
Hexachlorobutadiene
Hexachlorocyclopentadiene
Isophorone
Naphthalene
Nitrobenzene
Nitrophenol
2-nitrophenol
4-nitrophenol
2,4-dinitrophenol
4,6-dinitro-o-cresol
N-nitrosodimethylamine
N-nitrosodiphenylamine
N-nitrosodi-n-propylamine
Pentachlorophenol
Phenol
Bis (2-ethylhexyl) phthalate
Butyl benzyl phthalate
Di-n-butyl phthalate
Di-n-octyl phthalate
Diethyl phthalate
Dimethyl phthalate
1,2-benzanthracene (benzo(a)anthracene)
Benzo(a)pyrene (3,4-benzopyrene)
3,4-Benzofluoranthene (benzo(b)fluoranthene)
11,12-benzofluoranthene (benzo(k)fluoranthene)
Chrysene
Acenaphthylene
Anthracene
1,12-benzoperylene (benzo(ghi)perylene)
Fluorene
Phenanthrene
Attachment A (Continued)
1,2,5,6-dibenzanthracene (dibenzo(a,h)anthracene)
Indeno(1,2,3-cd) pyrene (2,3-o-phenylene pyrene)
Pyrene
Tetrachloroethylene
Toluene
Trichloroethylene
Vinyl chloride (chloroethylene)
Aldrin
Dieldrin
Chlordane (technical mixture and metabolites)
4,4-DDT
4,4-DDE (p,p-DDX)
4,4-DDD (p,p-TDE)
Alpha-endosulfan
Beta-endosulfan
Endosulfan sulfate
Endrin
Endrin aldehyde
Heptachlor
Heptachlor epoxide (BHC-hexachlorocyclohexane)
Alpha-BHC
Beta-BHC
Gamma-BHC
Delta-BHC
(PCB-polychlorinated biphenyls)
PCB-1242 (Arochlor 1242)
PCB-1254 (Arochlor 1254)
PCB-1221 (Arochlor 1221)
PCB-1232 (Arochlor 1232)
PCB-1248 (Arochlor 1248)
PCB-1260 (Arochlor 1260)
PCB-1016 (Arochlor 1016)
Toxaphene
2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD).

ATTACHMENT B

# TOXIC ORGANICS DEFINITIONS

CFR 469.12

The term "TTO" shall mean total toxic organics, which is the summation of all quantifiable values greater than 0.01 milligrams per liter for the following toxic organics:

1,2,4 Trichlorobenzene chloroform
1,2 Dichlorobenzene
1,3 Dichlorobenzene
1,4 Dichlorobenzene ethylbenzene
1,1,1 Trichloroethane methylene chloride naphthalene
2 Nitrophenol phenol bis (2-ethylhexyl) phthalate tetrachloroethylene toulene trichloroethylene
2 Chlorophenol
2,4 Dichlorophenol
4 Nitrophenol pentachlorophenol di-n-butyl phthalate anthracene
1,2 Diphenylhydrazine isophorone butyl benzyl phthalate
1,1 Dichloroethylene
2,4,6 Trichlorophenol carbon tetrachloride
1,2 Dichloroethane
1,1,2 Trichloroethane dichlorobrommethane