Wastewater Discharge Permit Application

CITY OF Salem AT YOUR SERVICE
Public Works Department

PLEASE COMPLETE ALL PAGES OF THIS DOCUMENT.

For Office Use Only
Permit #
Expiration Date

Information provided in this application will be used for issuance of a Wastewater Discharge Permit, required by *Salem Revised Code* Chapter 74. Information on processing and compliance with standards is required to satisfy federal General Pretreatment Regulations, 40 CFR 403.12, including submittal of baseline monitoring reports.

Please send completed application with all attachments to the following address:

City of Salem
Environmental Services
PO Box 14300
Salem OR 97309

For FedEx, UPS, etc. send to:
Environmental Services
1457 23rd Street SE
Salem OR 97302

SECTION 1: GENERAL INFORMATION

Business Name _____

Type of Business _____

Business Description or Product _____

Business Location _____

Business Mailing Address _____
Street or PO Box

_____
City State Zip

Name of Business Owner _____

Title _____ Phone _____

Email _____

Name of Facility Operator _____

Title _____ Phone _____

Email _____

Address _____
Street or PO Box

_____
City State Zip

Is the operator identified above the owner of the facility?

☐ Yes ☐ No

If no, submit a copy of the contract, other documents indicating the operator's scope of responsibility for the facility, and/or documentation or registration of the ownership corporation. Also provide the name and address of the facility owner below, if other than the business owner.

Name of Property or Facility Owner _____

Title _____ Phone _____

Email _____

Address _____
Street or PO Box

_____
City State Zip

Name of Local Designated Facility Contact _____

Title _____ Phone _____

Email _____

Name of Emergency Contact After Business Hours _____

Title _____ Phone _____

Email _____

Designated Signatory Authority of the Facility
Attach the information below for each additional authorized representative, if needed.

Name _____

Title _____ Phone _____

Email _____

Address _____
Street or PO Box

_____
City State Zip

SECTION 2: BUSINESS DESCRIPTION

Complete a separate Section 2 for each major business activity occurring on the premises.

Purpose

The business description is primarily used to determine the substances which may enter into the wastewater discharge from the business activity. The production quantities are not for public record.

Business Activity _____

Type of Products _____

1. _____

2. _____

3. _____

Description of activities, facilities, and plant processes on the premises, including all materials which are or could be discharged, such as cleanup chemicals and wash down water.

_____

_____

_____

_____

_____

_____

_____

_____

_____

Indicate applicable North American Industry Classification System (NAICS) codes for all processes. If more than one applies, list in descending order of importance.

1. _____

2. _____

3. _____

4. _____

5. _____

Indicate 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). Check all that apply.

A facility with processes inclusive in these business areas may be covered by the U.S. Environmental Protection Agency's categorical pretreatment standards. These facilities are termed "categorical users."

Industrial Categories

- ☐ Aluminum Forming*
- ☐ Battery Manufacturing
- ☐ Carbon Black Manufacturing
- ☐ Centralized Waste Treatment
- ☐ Coil Coating*
- ☐ Concentrated Animal Feeding Operations
- ☐ Copper Forming*
- ☐ Electrical and Electronic Components*
- ☐ Electroplating*
- ☐ Fertilizer Manufacturing
- ☐ Glass Manufacturing
- ☐ Grain Mills Manufacturing
- ☐ Ink Formulating
- ☐ Inorganic Chemicals
- ☐ Iron and Steel Manufacturing*
- ☐ Leather Tanning and Finishing
- ☐ Metal Finishing*
- ☐ Metal Molding and Casting
- ☐ Nonferrous Metals Forming and Metal Powders
- ☐ Nonferrous Metals Manufacturing
- ☐ Oil and Gas Extraction
- ☐ Organic Chemicals, Plastics, and Synthetic Fibers
- ☐ Paint Formulating
- ☐ Paving and Roofing Materials (Tars and Asphalt)
- ☐ Pesticide Chemicals Manufacturing, Formulating, and Packaging
- ☐ Petroleum Refining
- ☐ Pharmaceutical Manufacturing
- ☐ Porcelain Enameling
- ☐ Pulp, Paper, and Paperboard
- ☐ Rubber Manufacturing
- ☐ Soaps and Detergents Manufacturing
- ☐ Steam Electric Power Generating
- ☐ Timber Products Processing
- ☐ Transportation Equipment Cleaning
- ☐ Waste Combustors

* Subject to TTO reporting requirements. See page 8.

Production Process

If both, indicate percentages of each.

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

PRODUCT VOLUME				
Product or Brand Name	**Amounts Per Day (Daily Units) for Past Calendar Year**		**Amounts Per Day (Daily Units) Estimate for This Calendar Year**	
	Average	**Maximum**	**Average**	**Maximum**

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

☐ Yes ☐ No

If yes, please list the permits.

_____

_____

_____

_____

Discharge Period

Discharge occurs daily from _____ to_____ .

Indicate the days of the week discharge occurs.

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Indicate months during which discharge occurs.

Variation of operation indicates whether business activity is throughout the year or seasonal.

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Employees Per Shift

1st Shift _____ 2nd Shift _____ 3rd Shift _____

Production Levels

1st Shift _____ 2nd Shift _____ 3rd Shift _____

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

☐ Yes ☐ No

If yes, indicate reasons and period when shutdown occurs.

_____

_____

List types and amounts (mass or volume per day) of raw materials used or planned for use.
Attach additional sheets if needed.

RAW MATERIALS USED	
Material	**Mass or Volume Per Day**

List types and quantity of chemicals used or planned for use. Attach additional sheets if needed. Include copies of manufacturer's Material Safety Data Sheets for all chemicals identified.

CHEMICALS USED	
Chemical	**Quantity**

FOR NON-CATEGORICAL USERS ONLY:

Facilities that checked activities from the industrial categories on page 4 are considered Categorical Industrial Users and should skip to the next questions on pages 7 and 8.

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 that corresponds to each process. New facilities should provide estimates for each discharge.

DISCHARGE (NON-CATEGORICAL USER)				
No.	**Regulated Process**	**Average Flow (GPD)**	**Maximum Flow (GPD)**	**Type of Discharge (batch, continuous, none)**

FOR CATEGORICAL USERS ONLY:

Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. New facilities should provide estimates for each discharge.

DISCHARGE (CATEGORICAL USER)				
No.	**Regulated Process**	**Average Flow (GPD)**	**Maximum Flow (GPD)**	**Type of Discharge (batch, continuous, none)**

DISCHARGE (CATEGORICAL USER)				
No.	**Unregulated Process**	**Average Flow (GPD)**	**Maximum Flow (GPD)**	**Type of Discharge (batch, continuous, none)**

DISCHARGE (CATEGORICAL USER)				
No.	**Dilution Process**	**Average Flow (GPD)**	**Maximum Flow (GPD)**	**Type of Discharge (batch, continuous, none)**

FOR CATEGORICAL USERS SUBJECT TO TOTAL TOXIC ORGANIC (TTO) REQUIREMENTS:

If you checked any of the categories marked with an asterisk (*) on page 4, your business is classified as a federal categorical industrial user and is subject to total toxic organic (TTO) management requirements. To fulfill these requirements, you must disclose whether you use and discharge any of the products listed in *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 of Salem to insure compliance with federal pollutant regulations.

Industries that do not use or discharge any of the listed toxic organics are required to submit a Toxic Organics Management Plan, along with a signed and dated statement verifying there is no dumping of any of these toxins from their process.

All federal categorical industrial users must provide the following TTO information and submit either (1) a copy of current TTO test results or (2) a Toxic Organics Management Plan as outlined below along with the signed verification.

Does or will this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by the EPA?

☐ Yes ☐ No

Has a baseline monitoring report been submitted which contains TTO information?

☐ Yes ☐ No

Has a Toxic Organics Management Plan been developed?

☐ Yes ☐ No

Toxic Organics Management Plan in accordance with 40 CFR 413.03(b)

In requesting that no monitoring be required, industrial users of publicly owned treatment works shall submit a toxic organics management plan that specifies 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 assuring that toxic organics do not routinely spill or leak into the wastewater.

TTO Certification Statement in accordance with 40 CFR 413.03(a)

Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for TTO, I certify that, to the best of my knowledge and belief, no dumping of toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organics management plan submitted to the control authority.

Name _____ Title _____

Company _____

_____ _____

Signature Date

SECTION 3: WASTEWATER CONSTITUENTS

Purpose

To identify the characteristics of substances in the wastewater as a result of an applicant's business operations.

Instructions

Indicate if any of the following constituents, characteristics, or substances are present or can be present in your wastewater discharge as a result of your operations or of an accidental spill. Indicate approximate quantities kept on site.

Type	Quantity	Type	Quantity
☐ Algicides	_____	☐ Nickel	_____
☐ Aluminum	_____	☐ Oil, Min. Origin	_____
☐ Ammonia	_____	☐ Oil Total	_____
☐ Antimony	_____	☐ Pesticides	_____
☐ Arsenic	_____	☐ pH Base	_____
☐ Barium	_____	☐ pH Acid	_____
☐ Beryllium	_____	☐ Phenols	_____
☐ Boron	_____	☐ Phosphorus	_____
☐ Bromide	_____	☐ Potassium	_____
☐ Cadmium	_____	☐ Radioactivity	_____
☐ Calcium	_____	☐ Sand or Mud	_____
☐ Chlorine	_____	☐ Selenium	_____
☐ Chloride	_____	☐ Silver	_____
☐ Chromium	_____	☐ Sodium	_____
☐ Cobalt	_____	☐ Solvents	_____
☐ Copper	_____	☐ Sulfate	_____
☐ Cyanide	_____	☐ Sulfide	_____
☐ Fluoride	_____	☐ Sulfite	_____
☐ Formaldehyde	_____	☐ Surfactants	_____
☐ Hydrocarbons	_____	☐ Temp 140ºF+	_____
☐ Iodide	_____	☐ Titanium	_____
☐ Iron	_____	☐ Tin	_____
☐ Lead	_____	☐ Vanadium	_____
☐ Magnesium	_____	☐ Volatile Acids	_____
☐ Manganese	_____	☐ Zinc	_____
☐ Mercury	_____	☐ Other	_____
☐ Molybdenum	_____	☐ Other	_____

SECTION 4: WATER SOURCE, USE, AND DISPOSAL

Purpose

The water source and use information will enable the City to determine the volume and sources of wastewater discharged to the sewer system. This information may be necessary to calculate discharge limits for applicable parameters.

Name on Utility Bill _____

Water Service Account Number _____

Name _____

Address _____
Street

_____
City State Zip

Water Use and Disposition

Indicate average quantity of water received and wastewater discharged daily.

WATER SOURCES		
Type	**Source**	**Gallons Per Day**
City		
Well or other		
Total		

WATER DISCHARGES		
Type	**Discharged To**	**Gallons Per Day**
Air pollution control		
Boiler		
Contact		
Cooling		
Irrigation		
Non-contact cooling water		
Process		
Product		
Sanitary		
Storm system		
Washing		
Other		
Total		

FOR EXISTING BUSINESSES ONLY:

Is the building connected to the public sanitary sewer system?

☐ Yes ☐ No

If yes, provide the sanitary sewer account number _____

If the building is not connected to the public sanitary sewer system, have you applied for a sanitary sewer hookup?

☐ Yes ☐ No

FOR NEW BUSINESSES ONLY:

Will you be occupying an existing vacant building, such as in an industrial park?

☐ Yes ☐ No

If a new facility will be constructed, have you applied for a building permit?

☐ Yes ☐ No

Will you be connected to the public sanitary sewer system?

☐ Yes ☐ No

REQUIRED FOR ALL BUSINESSES:

Indicate average daily and three-minute peak wastewater flow rates, including daily, monthly, and seasonal variation, if any.

_____

_____

_____

Wastewater Pretreatment

Indicate the type(s) of treatment given wastewater before it is discharged to the City sewer. Check all that apply.

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

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

_____

_____

_____

_____

_____

_____

Attach a process flow diagram for each existing treatment system. Use a separate sheet of paper. Include process equipment, by-product volumes, and design and operating conditions.

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

_____

_____

_____

Do you have a treatment operator?

☐ Yes ☐ No

If yes, provide their information below.

Name_____

Title _____

Full-time (specify hours)_____ Part-time (specify hours)_____

Do you have a manual on the correct operation of your treatment equipment?

☐ Yes ☐ No

Do you have a written maintenance schedule for your treatment equipment?

☐ Yes ☐ No

Indicate type of wastewater discharge. If both, indicate percentages of each.

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

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

Current Flow Metering

☐ Yes ☐ No ☐ N/A

Current Sampling Equipment

☐ Yes ☐ No ☐ N/A

Planned Flow Metering

☐ Yes ☐ No ☐ N/A

Planned Sampling Equipment

☐ Yes ☐ No ☐ N/A

If yes to any of the above, please describe the equipment and indicate the present or future location of this equipment on the sewer schematic in Section 5.

_____

_____

_____

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

If yes, briefly describe these changes and their effects on the wastewater volume and characteristics. Attach additional sheets if needed:

_____

_____

_____

_____

Are any materials or water reclamation systems in use or planned?

☐ Yes ☐ No

If yes, briefly describe the recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process. Attach additional sheets if needed.

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

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

☐ Yes ☐ No

If no, skip to Section 5.

If yes, please describe in the table below. Indicate which wastes are disposed of on-site and which are disposed of at an off-site, centralized treatment facility.

WASTE LIQUIDS AND SLUDGES					
Waste Generated	**Quantity (Per Year)**	**Disposal Method**	**On-site**	**Off-site**	**Facility**
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	

If an outside firm removes any of the above wastes, give the names and addresses of all waste haulers.

Name_____ Permit Number (if applicable) _____

Address _____

Name_____ Permit Number (if applicable) _____

Address _____

Name_____ Permit Number (if applicable) _____

Address _____

If batch discharge occurs or will occur, indicate the following. New facilities may estimate.

Number of Batch Discharges Per Day_____

Average Discharge Per Batch (GPD)_____

Time of Batch Discharges _____ at_____
Day of week Hours of day

Flow Rate (gallons per minute) _____

Percent of Total Discharge _____

SECTION 5: SCHEMATIC FLOW DIAGRAM

ATTACH A SCHEMATIC FLOW DIAGRAM. DRAWINGS MUST BE CERTIFIED BY A STATE REGISTERED PROFESSIONAL ENGINEER.

Purpose

The schematic flow diagram shows the various sources of wastewater and the flow pattern of products through the facility. This information will enable the City of Salem to assess the quality, volume, and peak flows of the discharge.

Instructions

Please submit drawing(s) on a separate sheet of paper.

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, but 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 the unit processes in the building layout.

Include site plans, floor plans, mechanical and plumbing plans, and details to show all sewers, sewer connections, and appurtenances with size, location, and elevation.

SECTION 6: BUILDING LAYOUT

ATTACH A BUILDING LAYOUT. DRAWINGS MUST BE CERTIFIED BY A STATE REGISTERED PROFESSIONAL ENGINEER.

Instructions

Please submit drawing(s) or blueprint(s) on a separate sheet of paper.

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 Section 5), public drains, public sewers, and each facility sewer line connected to the public sewers.

Number each sewer, and show existing and proposed sample locations.

SECTION 7: COMPLIANCE WITH PRETREATMENT STANDARDS

To complete this section, it will be necessary to provide monitoring data from the user's wastewater streams. Samples must be taken in accordance with established procedure in line with 40 CFR 136. The samples will be taken of processing effluent and will be taken at such time that will represent full operation of the user's facility. Once sampling results are available, the user will be responsible for completing this compliance report and submitting it to the City of Salem.

SAMPLING RESULTS			
Pollutant		**Daily Maximum mg/l**	**Lab Result**
As	Arsenic		
Cd	Cadmium		
Cr	Chromium		
Cu	Copper		
CN	Cyanide		
Pb	Lead		
Hg	Mercury		
Mo	Molybdenum		
Ni	Nickel		
Se	Selenium		
Ag	Silver		
Zn	Zinc		
pH			

Are all applicable federal, state, or local pretreatment standards and requirements being met on a consistent basis?

☐ Yes ☐ No ☐ Not yet discharging

IF YOU ANSWERED YES TO THE QUESTION ABOVE, SIGN BELOW TO CERTIFY:

I certify under penalty of law that all applicable federal, state, or local pretreatment standards and requirements are being met on a consistent basis.

Name_____ Title_____

_____

Signature Date

IF YOU ANSWERED NO TO THE QUESTION ABOVE, PROVIDE THE FOLLOWING:

What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also list additional treatment technology or practice being considered in order to bring the facility into compliance.

_____

_____

_____

_____

_____

Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates.

Milestone Activity_____ Completion Date_____

Milestone Activity_____ Completion Date_____

Milestone Activity_____ Completion Date_____

Milestone Activity_____ Completion Date_____

Milestone Activity_____ Completion Date_____

Milestone Activity_____ Completion Date_____

Milestone Activity_____ Completion Date_____

Milestone Activity_____ Completion Date_____

REQUIRED FOR ALL BUSINESSES:

Do you have chemical storage containers, bins, or ponds at your facility?

☐ Yes ☐ No

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

_____

_____

_____

_____

_____

_____

Do you have floor drains in your manufacturing or chemical storage areas?

☐ Yes ☐ No

If yes, where do they discharge to?

_____

_____

_____

If you have chemical storage containers, bins, or ponds in your manufacturing areas, could an accidental spill lead to a discharge to any of the following? Check all that apply.

☐ On-site Disposal System

☐ Public Sanitary Sewer System (e.g., through a floor drain)

☐ Storm Drain

☐ Ground

☐ Other _____

☐ N/A because no discharge to any of the above routes is possible

Do you have an Accidental Spill Prevention Plan to prevent spills of chemicals or slug discharges from entering the control authority's collection system?

☐ Yes ☐ No

☐ N/A because there are no floor drains and/or the facility discharges only domestic wastes

Please describe any previous spill events and remedial measures taken to prevent their recurrence.

_____

_____

_____

_____

_____

_____

_____

_____

SECTION 8: 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 assure 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 that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name _____ Title _____

Company _____ Phone _____

_____

Signature Date

ATTACHMENT A: TOXIC ORGANICS LIST

TOXIC ORGANICS LIST PER 40 CFR PART 413.02(I) AND PART 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-dichloroetheane
1,1,1-tricholoroethane
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
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

1,2,5,6-dibenzanthracene (dibenzo(a,h) anthracene)

Indeno(1,2,3-cd) pyrene) (2,3-o-phenylene pyrene)

Pyrene

Terachloroethylene

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)

TOXIC ORGANICS LIST PER 40 CFR PART 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 Dichlororbenzene

1,3 Dichlororbenzene

1,4 Dichlororbenzene ethylbenzene

1,1,1 Trichloroethane methylene cholride 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 Dichloroethylene

2,4,6 Trichlorophenol carbon tetrachloride

1,2 Dichloroethane

1,1,2 Trichloroethane dichlorobrommethane