

Solvent Management Plan

40 CFR 469, Subpart B - Electronic Crystals Subcategory

<i>General Information</i>			
Section 1	Date:		
	Industry Name:		
	Industrial Wastewater Discharge Permit #		
	Facility Address:		
	Mailing Address:		
	Primary Facility Contact:	Name:	
		Title:	
		Telephone:	
		Cell:	
Fax:			
E-Mail:			

<i>Facility Description</i>		
Section 2	Briefly describe the manufacturing activities or services performed at the above location:	
	Operating Hours:	
	# of Employees:	

<i>Purpose and Scope</i>	
Section 3	The purpose of the Solvent Management Plan is to identify sources of toxic organics at this facility, which have the potential to enter the wastewater, and to describe the controls necessary to ensure that these chemicals are not intentionally or accidentally discharged to the Johnson County Wastewater sewer system. Please refer to Attachment A for a list of the toxic organics covered.

<i>Process Description</i>	
Section 4	Describe processes conducted at the facility and areas where process wastewater discharges are primarily associated:

<i>Identification of Toxic Organic Chemicals Entering Plant Wastewaters</i>	
Section 5	Describe which toxic organics appear in your wastewater (based on representative analytical results using approved methodology):

<i>Inventory of Toxic Organics used at the Facility</i>	
Section 6	List all toxic organic compounds (listed in Attachment A) that are used or stored in your facility. Describe the location of the organics in your facility and the current use of each compound:

<i>Methods of Disposal</i>	
Section 7	Are any of the toxic organic compounds listed in Section 6 (above) discharged directly (intentionally) to the Johnson County Wastewater sewer system? (<i>Please check one</i>)
	ALL <input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/>
	If none, please proceed to Section 8 (below).

	<p>If all or any toxic organic compounds are discharged, indicate the compounds which are and estimate the amounts discharged to the sewer per day. Are these organics diluted or treated in any way before they are discharged? If so, please explain:</p>
	<p>If you are using and wasting toxic organic compounds listed in Section 6 (above), but are not dumping them into the Johnson County Wastewater sewer system, please describe the method of disposal you are currently utilizing. <i>(Please check all that apply):</i></p> <p><input type="checkbox"/> Recycle/Reclamation (your facility)</p> <p><input type="checkbox"/> Contract Hauler for Recycle</p> <p><input type="checkbox"/> Incineration</p> <p><input type="checkbox"/> Contract Hauler to an Approved off-site Hazardous Waste Facility</p> <p><input type="checkbox"/> Other, please specify (below):</p>

<p align="center"><i>Administrative or Engineering Controls to Prevent Accidental Discharges of Toxic Organics</i></p>	
<p>Section 8</p>	<p>Are adequate measures in place to prevent toxic organic compounds (either in use or in storage) from being discharged directly or indirectly (spills, leaks, dragout, etc.) to the Johnson County Wastewater sewer system? <i>(Please check one):</i></p>
	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
	<p>Please indicate which of the following controls are in place and explain each positive response:</p> <p><input type="checkbox"/> Chemical Approval</p> <p><input type="checkbox"/> Safety Process Review</p> <p><input type="checkbox"/> Sign Posting at Wet Process Drain Areas</p> <p><input type="checkbox"/> Spill Control</p> <p><input type="checkbox"/> Engineering Controls</p> <p><input type="checkbox"/> Employee Training</p> <p><input type="checkbox"/> Contractor Awareness</p> <p><u>Explanation:</u></p>

<i>Laboratory Results</i>	
Section 9	If available, attach any laboratory results for Total Toxic Organics tested in your wastewater, if they are discharged to the Johnson County Wastewater sewer system

<i>Certification</i>	
Section 10	If you believe toxic organics are not being discharged to the Johnson County Wastewater sewer system from your facility, and if you answered “NONE” in Section 7 of this form, please attest to the following certification statement;
	“Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the solvent management plan submitted to the permitting authority.”
	Name (printed) of Representative:
	Title of Representative:
	Signature of Representative:
	Date of Signature:
	Phone Number:
	Fax Number:

Additional information should be supplied on company letterhead.

Return the original completed survey within 30 days, to:

Johnson County Wastewater
 Attn: Industrial Pretreatment Program
 11811 S. Sunset Drive, Suite 2500
 Olathe, KS 66061-7061

Questions: Contact Michael L. Carter at 913-715-6940 or michael.carter@jcw.org.

ATTACHMENT “A”

Total Toxic Organics List (TTO) 40 CFR 469, Subpart B - Electronic Crystals Subcategory

1,1-Dichloroethylene
1,1,1-Trichloroethane
1,1,2-Trichloroethane
1,2-Dichlorobenzene
1,2-Dichloroethane
1,2-Diphenylhydrazine
1,2,4-Trichlorobenzene
1,3-Dichlorobenzene
1,4-Dichlorobenzene
2-Chlorophenol
2-Nitrophenol
2,4-Dichlorophenol
2,4,6-Trichlorophenol
4-Nitrophenol
Anthracene
Bis (2-ethylhexyl) phthalate
Butyl benzyl phthalate
Carbon tetrachloride
Chloroform
Dichlorobromomethane
Di-n-butyl phthalate
Ethylbenzene
Isophorone
Methylene chloride
Naphthalene
Pentachlorophenol
Phenol
Tetrachloroethylene
Toluene
Trichloroethylene