



# Fox Metro

Water Reclamation District

682 State Route 31 • Oswego, Illinois 60543-8500  
(630) 892-4378 • FAX (630) 892-4394

## INDUSTRIAL PRETREATMENT PROGRAM SELF-MONITORING REPORT TOTAL TOXIC ORGANICS CERTIFICATION FORM

Reporting period (circle one): January-June    July-December    , year:

1. Company Name : \_\_\_\_\_

2. Service Address : \_\_\_\_\_

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 wastewaters has occurred since filing of the last Self-Monitoring Report. I further certify that this facility is implementing the Toxic Organic Management Plan submitted to the control authority.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date