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

Reporting period: _____

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