

NAME OF FACILITY: _____

Business Address: _____

Discharge Address (if different from above): _____

TOTAL TOXIC ORGANICS CERTIFICATION STATEMENT

Based on my inquiry of the person or persons directly responsible for managing compliance with pretreatment standard for TTOs, I certify that to the best of my knowledge and belief, this facility **does not** store, use, or discharge to the sanitary sewer system any toxic organic chemicals.

CERTIFYING OFFICIAL:

Signature

Date

Printed Name and Title

EXECUTIVE OFFICER:

Signature

Date

Printed Name and Title