



TOTAL TOXIC ORGANIC CERTIFICATION STATEMENT

COMPANY NAME: _____

DISCHARGE ADDRESS: _____

INDUSTRIAL WASTEWATER DISCHARGE PERMIT NUMBER: _____

Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for total toxic organics (TTOs), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since the filing of the last discharge report. I further certify that this facility is implementing the latest Toxic Organic Management Plan submitted to the San José-Santa Clara Regional Wastewater Facility.

PREPARED BY:

Signature

Date

Printed Name and Title

EXECUTIVE OFFICER:

Signature

Date

Printed Name and Title

IF TOXIC ORGANICS ARE STORED, USED, OR GENERATED AT THIS FACILITY, A TOXIC ORGANIC WORKSHEET FOR EACH CHEMICAL SHALL BE ENCLOSED.

Municipal Code requires that reports required by the Director shall be **signed by an Executive Officer of the business filing the application**. Such Executive Officer shall be at least of the level of Vice President, General Partner, President, or an individual responsible for the overall operation of the facility applying for the Permit or meet the Federal requirements for NPDES applications as contained in Code of Federal Regulations, Title 40 Protection of the Environment, Part 403.12(l).