

City of Tempe Public Works Department
Water Utilities Division
Environmental Services Section

Total Toxic Organic Verification & Certification Form

Name of Facility: _____

Address of Facility: _____

Contact Person: _____

Contact Title: _____ Contact Phone: _____

Please check the appropriate box below:

A. No toxic organic compounds as listed in Appendix A are used or stored at this facility.

(Sign and date this form and submit it to the address below. No other form is required).

B. I elect to have this facility monitored for Total Toxic Organics ("TTO's"). I understand the potential exists that this facility could be required to assume all or part of the cost of sampling and laboratory fees for the implementation of this program. TTO monitoring shall be completed on an annual basis. Complete and attach a TTO Inventory Form for each product listed in Appendix A which your facility uses.

C. This facility elects to submit and implement a Solvent Management Plan ("SMP") in lieu of the required TTO monitoring. I understand that this Plan must be recertified every six months in our Periodic Compliance Report. The SMP must include a TTO Inventory Form for each product listed in Appendix A which is used in your facility.

Based on my inquiry of the person or persons directly responsible for the 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 wastewater has occurred since filing of the last Periodic Compliance Report.

_____ Date

_____ Signature of Responsible Company Official

_____ Print or type Name of Above Official

_____ Title of Above Official

Please submit this report to the following address:
City of Tempe, Environmental Services Section, P O Box 5002, Tempe, AZ 85280