

TOTAL TOXIC ORGANICS CERTIFICATION

Facility Name: _____

IUP No: _____

Pipe No: _____

Semi-Annual Period: _____

Based upon my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for the total toxic organics (TTO), I certify that, to the best of my knowledge, no dumping of concentrated toxic organics into the wastewaters has occurred since filing of the last monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to the City of Mebane.

Signatory Official (Printed)

Title

Signature

Date