



ATTACHMENT A

City of Chandler
Wastewater Quality – Industrial Pretreatment
Total Toxic Organic / Solvent Response Form

Toxic Organic / Solvent Management Certificate

Company Name: _____ Permit Number: _____

Address: _____

Reporting Period: January 1 to June 30 July 1 to December 31

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 toxic organics into the wastewater has occurred since filing the last Periodic Compliance Report (Biannual Self-Monitoring Report).

I further certify that this facility is implementing the Toxic Organic / Solvent Management Plan as described and/or continue to certify that no toxic organic compounds as listed in ATTACHMENT B or in the Industrial User Permit are used or stored at this facility.

Signature of Duly Authorized Representative Title

Printed Name Date

Please submit reports to:

**City of Chandler
Public Works & Utilities
Wastewater Quality, Pretreatment
Mail Stop 396, PO Box 4008
Chandler, AZ 85244-4008**