



Glenbard Wastewater Authority

21W551 Bemis Road Glen Ellyn, Illinois 60137

Telephone: 630-790-1901 – Fax: 630-858-8119

INDUSTRIAL PRETREATMENT PROGRAM SELF MONITORING REPORT TOTAL TOXIC ORGANICS CERTIFICATION FORM

FOR THE TIME PERIOD: _____ To _____
Start Date End Date Year

INDUSTRY NAME: _____

INDUSTRY ADDRESS: _____

“Based on my inquiry of the person or person directly responsible for managing compliance with the TTO limitation, I certify that, to the best of my knowledge and belief, no dumping of concentrated solvents and/or toxic organics into the wastewaters has occurred since the filing of the last report. I further certify that this facility is implementing the toxic organic pollutant management plan submitted to the Glenbard Wastewater Authority.”

Signature

Date: _____