

**SANITARY DISTRICT OF DECATUR ILLINOIS
SOLVENT MANAGEMENT PLAN CERTIFICATION FORM**

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|------------------------------------|
| INDUSTRIAL USER: _____ |
| ADDRESS: _____ _____ |
| SDD DISCHARGE PERMIT NUMBER: _____ |
| DATE: _____ |

Submittal of this certification relieves the industry of the responsibility to sample and analyze for Total Toxic Organic (TTO) compounds. The Sanitary District of Decatur will accept the statement and monitor the facility once per year for this data. Should TTO levels exceed limits, the SDD will notify the Industrial User and actual sampling and analysis will resume.

STATEMENT OF CERTIFICATION

“Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitations for TTO (as set by ~~State~~, or Federal authority), I certify that, to the best of my knowledge ~~and~~ belief, no dumping of concentrated toxic organics into the wastewater collection system has occurred by any means since the filing of the last certification. I further certify that this facility is implementing the toxic organic pollutant management plan as submitted to the Sanitary District ~~Decatur~~ on:

(date) _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

PRINTED NAME AND TITLE OF REPRESENTATIVE:
