FOR OFFICE USE ONLY

Received:

Verified:

**TOMP Semi-Annual Certification Form**

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| --- | --- | --- | --- | --- |
| I. introductory information | | | | |
| Your facility currently operates on an approved Toxic Organic Management Plan (TOMP) in lieu of Total Toxic Organic (TTO) Monitoring. This plan shall be reviewed by the Industrial User semi-annually. The Industrial User is required to submit the TOMP Semi-Annual Certification Form no later than **(June 28th and December 28st)**. If any revisions have been made to manufacturing process, the Industrial User is required to re-submit the Toxic Organic Management Plan Application, as stated in Section III D. of your permit.  The City will continue to test TTO annually at your facility and reserves the right to revoke your TOMP and require TTO self-monitoring based on City sampling TTO results.  **Unless stated otherwise, all items are to be filled out completely. Your Certification Form will not be considered complete unless every question is answered on this form. If an item is not applicable, indicate by noting “NA” to show that you considered the question. The use of terms such as “previously submitted” or “already on file” will not be accepted. If there is a section that does not provide enough space you may attach additional pages.** | | | | |
| **II. IDENTIFYING INFORMATION** | | | | |
| Company Name: | | | Permit Number | |
| Physical Address: | | | Zip code: | |
| Mailing Address: | | | Zip code: | |
| Primary Contact: | | Title: | | |
| Phone: | Cell: | Email: | | |
| **III. REVIEW QUESTIONS** | | | | |
| 1. Has anything changed in the manufacturing process that might involve a change in raw materials, end product or byproducts drained to sanitary?  Yes  No   If yes, please submit a detailed explanation with this review.   1. Has production increased or decreased significantly?  Yes  No   If yes, please submit an explanation as to why production increased or decreased.   1. Has the floor layout in the production area changed?  Yes  No   If yes, please submit an updated floor plan and/or flow diagram with this review.   1. Has the facility’s Spill Plan, SPCC or Slug Loading Plan changed in the past year?  Yes  No   If yes, please submit an updated plan with this review. | | | | |

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| --- | --- | --- | --- |
| IV. Certification and Signature | | | |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for managing compliance with the Pretreatment Standard for 40 CFR      , I certify that, to the best of my knowledge and belief, there has been no increase in the level of **(Toxic Organic Compounds) (see Table 1)** in the wastewaters due to the activities at the facility since filing of the last periodic report under 40 CFR 403.12(e)(1).  “Based on my inquiry of the person or persons directly responsible for managing compliance with the total toxic organics (TTO) limitations, I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the current Toxic Organic Management Plan which is on file with the City of Fort Wayne Water Pollution Control Plant.” | | | |
| Printed Name: |  | Title: |  |
| Signature: |  | Date: |  |

Mail completed form to: Fort Wayne City Utilities

Industrial Pretreatment Section

2601 Dwenger Avenue

Fort Wayne, IN 46803