

Form Approved  
OMB Number  
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FACILITY NAME: \_\_\_\_\_ EPA ID NUMBER:  
(for official use only)

NPDES PERMIT NUMBER: \_\_\_\_\_

**FORM 2A NPDES**  
**PART C. INDUSTRIAL USER DISCHARGES, PRETREATMENT, AND RCRA/CERCLA WASTES**

All treatment works receiving discharges from significant industrial users or which receive RCRA or CERCLA wastes must complete Part C.

**GENERAL INFORMATION:**

**C.1. Number of Significant Industrial Users and Categorical IUs.** Provide the number of each of the following types of industrial users that discharge to your treatment works.

- a. Number of non-categorical significant industrial users (SIUs). \_\_\_\_\_
- b. Number of categorical industrial users. \_\_\_\_\_

**C.2. Average Daily Flow from Industrial Users.** Estimate the total average daily wastewater flow from all industrial users.

- a. All industrial users. \_\_\_\_\_ mgd
- b. Non-categorical SIUs only. \_\_\_\_\_ mgd
- c. Categorical industrial users only. \_\_\_\_\_ mgd

**C.3. Industrial User Contributions.** Estimate the percent total influent contribution for each of the following.

- All industrial users \_\_\_\_\_ %
- Non-categorical SIUs only \_\_\_\_\_ %
- Categorical industrial users only \_\_\_\_\_ %
- Domestic sources only \_\_\_\_\_ %

**C.4. Pretreatment Program.** Does your treatment works have an approved pretreatment program?

- Yes \_\_\_\_\_
- No \_\_\_\_\_

If yes, have there been any substantial modifications to the treatment work's approved pretreatment program that have not been approved in accordance with 40 CFR 403.18?

- Yes \_\_\_\_\_
- No \_\_\_\_\_

If yes, identify on a separate piece of paper all substantial modifications that have not been approved.