

<b>FACILITY NAME:</b> _____	<b>NPDES PERMIT NUMBER:</b> _____	<b>EPA ID NUMBER:</b> (for official use only) _____	<small>Form Approved OMB Number Approval Expires XX-XX-XX</small>												
<b>RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL OR DEDICATED PIPELINE:</b>															
<small>Note: You should have already indicated on the appropriate map all points at which RCRA hazardous waste enters the treatment works by truck, rail, or dedicated pipe (quantity of the waste, applicable information, product).</small>															
<b>C.11. RCRA Waste.</b> Does your treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____ Yes ____ No (go to C.14.)															
<b>C.12. Waste Transport.</b> Method by which RCRA waste is received (check all that apply): ____ Truck    ____ Rail    ____ Dedicated Pipe															
<b>CERCLA (SUPERFUND) WASTEWATER AND RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER:</b>															
<b>C.14. CERCLA Waste.</b> Does your treatment works currently (or is it expected during the life of this permit that your treatment works will) receive waste from a CERCLA (Superfund) site remediation? Current: ____ Yes (complete C.15 - C.17)    Future: ____ Yes (complete C.15 - C.17)    ____ No Provide a list of sites and the requested information (C.15 - C.17.) for each current and future site. If no CERCLA waste is currently received and none is expected in the future, go to C.18.															
<b>C.15. Waste Origin.</b> Describe the site and type of facility at which the CERCLA waste originates (or is expected to originate in the next five years), along with EPA ID numbers. _____ _____ _____ _____ _____															
<b>C.16. Pollutants.</b> List the CERCLA pollutants that are received (or are expected to be received). Include data on volume and concentration. (Attach additional sheets if necessary.) _____ _____ _____ _____ _____															
<b>C.17. Waste Treatment.</b> a. Is this waste treated (or will it be treated) prior to entering your treatment works? ____ Yes    ____ No If yes, describe the treatment (provide information about the removal efficiency): _____ _____ b. Is the discharge (or will the discharge be) continuous or intermittent? ____ Continuous ____ Intermittent If intermittent, describe discharge schedule. _____ _____ _____ _____															
<b>C.13. Waste Description.</b> Give EPA hazardous waste number and amount (volume or mass, specify units). <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 60%;">EPA Hazardous Waste Number</th><th style="width: 20%;">Amount</th><th style="width: 20%;">Units</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>				EPA Hazardous Waste Number	Amount	Units	_____	_____	_____	_____	_____	_____	_____	_____	_____
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