Attachment V: Privately Owned Treatment Facilities

Summary Sheet of Industrial and Commercial Waste Hauled to Privately Owned Treatment Works

Please complete this form by providing the information requested for the previous *five* years.

Applicant Name:
(as indicated on the *Permit Application Transmittal Form*)

Privately Owned Treatment Works Name:

Person Completing Form:

Date: / /

Name of Facility Generating Waste	Location Address of Generating Facility	Nature of Waste	Volume and Frequency of Waste Received