

**TPDES Pretreatment Program Annual Report Form
for Industrial User Inventory Modifications**

Reporting month/year: _____, ____ to _____, ____

TPDES Permit No. _____ Permittee: _____ Treatment Plant: _____

INDUSTRIAL USER INVENTORY MODIFICATIONS					
FACILITY NAME, ADDRESS AND CONTACT PERSON	ADD, CHANGE, DELETE (Including categorical reclassification to NSCIU or MTCIU)	IF DELETION:	IF ADDITION OR SIGNIFICANT CHANGE:		
		REASON FOR DELETION	PROCESS DESCRIPTION	POLLUTANTS (Including any sampling waiver given for each pollutant not present)	FLOW RATE ⁸ (In gallons per day) R = Regulated U = Unregulated T = Total

⁸ For NSCIUs, total flow must be given, if regulated flow is not determined.