

**Form 4**

**[Quarterly return to be submitted by liquid waste treatment facility to State Pollution Control Boards/Pollution Control Committees by end of the month succeeding the end of the quarter]**

1.	Name of the owner			
2.	Registered address			
3.	Email Id			
4.	Phone No.			
5.	Name of authorized person (s)			
6.	GST Number			
7.	Registration No. With State Pollution Control Board			
8.	Capacity of treatment/processing in (MTA or relevant unit)	a. Installed b. Operating(details of last three years)		
9.	Details of wastewater collected from different entities including bulk user(s)	S. No.	Type of Water	Details of entities from whom the water is collected for recycling
		1		
		2		
10.	Details of wastewater treated			
11.	Details of sludge/faecal sludge generated/received and utilized/disposed/sold			
12.	Extended User Responsibility certificate details	No. of certificates issued user-wise		

Signature of the authorized person

Place:

Date: