



## City of Gresham Industrial Pretreatment Non-Routine Industrial Waste Discharge Request

**Instructions:** Non-permitted businesses that generate industrial waste, construction de-watering, or ground water remediation waste that meets City of Gresham discharge standards may seek authorization to dispose of the waste stream to City's sanitary sewer system. Complete the entire request form. A City representative will contact you concerning the outcome of this request.

### SECTION A - APPLICATION INFORMATION

1. Applicant Information:

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # and Fax: \_\_\_\_\_

2. Site Address (if different than above): \_\_\_\_\_  
\_\_\_\_\_

### SECTION B - WASTE CHARACTERISTICS

1. Describe the industrial process(es)<sup>1</sup> generating the waste stream:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> Certain industrial processes require specialized permitting to discharge to the sanitary sewer system.

2. List actual and/or potential pollutants in the waste stream you are requesting to discharge. If you have laboratory analytical data or Material Safety Data Sheet (MSDS) with chemical constituent data, please attach to the form. The City may request actual data before authorization can be given.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. City of Gresham Pollutant Limits. Please review the enclosed City sanitary sewer discharge limits. Will the proposed discharge meet all limits?

Yes

No (if no, please contact the City Industrial Pretreatment Program to discuss options).

(Over)

4. Flow data:
- a. Total volume of waste discharge: \_\_\_\_\_ gallons
  - b. Flow rate: \_\_\_\_\_ gallons/minute
  - c. Frequency: \_\_\_\_\_ times/6 month period
5. Describe how and where (clean out, floor drain, manhole, etc.) the waste stream will be introduced into the sanitary sewer. If you have facility diagram showing the discharge point, please include with the form.

---



---



---



---

**SECTION C: - CERTIFICATION**

I certify that the information contained in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Please mail completed application to:

**City of Gresham  
Department of Environmental Services  
Attn: Paul Kramer  
1333 N.W. Eastman Parkway  
Gresham, Oregon 97030**

If you have any questions please contact:  
Paul Kramer at 503-618-2525 or  
Paul.Kramer@GreshamOregon.gov