



Industrial Pretreatment  
1333 NW Eastman Parkway  
Gresham, OR 97030

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### Non-Routine Discharge to Sanitary Sewer Request Form

**Instructions:** Non-permitted businesses that generate wastewater, construction de-watering, or groundwater remediation waste that meets City of Gresham discharge standards may seek authorization to dispose of the wastewater to the City’s sanitary sewer system.

Complete the entire request form. A City representative will contact you concerning the outcome of this request.

#### SECTION A – APPLICANT INFORMATION

Applicant/Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Discharge Site Address \_\_\_\_\_

#### SECTION B – BILLING INFORMATION

Responsible Party Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing Phone \_\_\_\_\_

#### SECTION C – WASTEWATER CHARACTERISTICS

1. Describe the process(es)<sup>1</sup> generating the wastewater:

\_\_\_\_\_

\_\_\_\_\_

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<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 wastewater you are requesting to discharge. If you have laboratory analytical data or Safety Data Sheets with chemical constituent data, please attach to the form. The City may request actual data before authorization can be given.

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

Yes

No If no, please contact the Industrial Pretreatment Program at 503-618-2525 or [IPP@GreshamOregon.gov](mailto:IPP@GreshamOregon.gov) to discuss options.

4. Flow data

Total volume of wastewater discharge	_____	Gallons
Flow rate	_____	Gallons / minute
Frequency	_____	Times / 6-month Period

5. Describe how and where (clean out, floor drain, manhole, etc.) the wastewater will be introduced into the sanitary sewer system. If you have a facility diagram showing the discharge point, please include with the form.

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#### SECTION D – CERTIFICATION

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

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

\_\_\_\_\_  
Date

Please send completed application to:

City of Gresham  
Department of Environmental Services  
Industrial Pretreatment Program  
1333 NW Eastman Parkway  
Gresham, OR 97030  
[IPP@GreshamOregon.gov](mailto:IPP@GreshamOregon.gov)  
Fax: 503-665-6825

If you have questions about this application,  
please contact us at 503-618-2525 or  
[IPP@GreshamOregon.gov](mailto:IPP@GreshamOregon.gov)

Thank you!