



WASTEWATER DISPOSAL PERMIT

Applicant's Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Source of Wastewater: _____

Number of Gallons to be Discharged: _____

Conditions of Approval:

1. Wastewater must be discharged at approved locations only.
2. Wastewater can only be discharged between the hours of 8:00 a.m. and 4:00 p.m.
3. The discharge rate can not exceed 20 GPM.
4. Wastewater must be unpreserved and non-septic.
5. Wastewater must be filtered.
6. Applicant must provide Material Safety Data Sheets (or legible product label) for **anything** added to water; i.e. chemicals, detergents, degreasers, solvents, enzymes, etc.
7. Applicant must notify the City 48 hours in advance of each occurrence.
8. A permit fee must be paid before a permit will be issued, other fees are due on the 1st day of each month for gallons discharged the previous month.

**Fees: \$35 Permit fee plus,
 \$15 per 1,000 gallons for gray water
 \$35 per 1,000 gallons for unpreserved/non-septic sewage**

Approved by: _____ Date: _____

City of Estacada
PO Box 958
Estacada, OR 97023
503.630.8270 or 503.630.8280 fax