



Wastewater Discharge Permit Renewal
CITY OF BEND
UTILITY DEPARTMENT
INDUSTRIAL PRETREATMENT PROGRAM

62975 Boyd Acres Rd. Bend, Oregon 97701
Phone: (541) 323-8540

PERMIT NO.:	
PERMIT EXPIRATION DATE:	
OFFICIAL NAME OF APPLICANT:	
FACILITY NAME:	
FACILITY ADDRESS:	
MAILING ADDRESS:	
RESPONSIBLE OFFICIAL (name, title, phone):	
ALTERNATIVE AUTHORIZED REPRESENTATIVE (name, title, phone):	

HAVE THE TREATMENT OR DISPOSAL METHODS EMPLOYED, AS INDICATED IN PREVIOUS DISCHARGE PERMIT APPLICATIONS, BEEN ALTERED IN ANY WAY SINCE THE LAST PERMIT APPLICATION WAS SUBMITTED?

- Yes
 No

If Yes, Explain:

HAVE THE QUANTITY OR QUALITY OF WASTES DISCHARGED AS INDICATED IN PREVIOUS DISCHARGE PERMIT APPLICATIONS, BEEN SIGNIFICANTLY CHANGED IN SINCE THE LAST APPLICATION WAS SUBMITTED?

- Yes
 No

If Yes, Explain:

DESCRIPTION OF CURRENT OR PLANNED ACTIVITIES THAT MAY REQUIRE PERMIT CHANGES (check all that apply):

- Construction, installation or modification of waste collection, treatment or disposal facilities
 Operation of new waste collection, treatment or disposal facilities
 New source(s) of wastewater to be discharged to the public sewer
 Other:

PLEASE ATTACH AN EXPLANATION OR PROPOSAL FOR ANY CHANGES IN OPERATIONS OR WASTE QUANTITY OR QUALITY.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

OWNER/AUTHORIZED REPRESENTATIVE

(SIGNATURE): _____ DATE: _____

PRINTED NAME & TITLE: _____

RECEIVED BY/DATE: _____

INSTRUCTIONS – WASTEWATER DISCHARGE PERMIT RENEWAL APPLICATION

Facility Information:

- Complete the required information in detail.
- If there has been a name change, address change, or change in personnel since the last application, please make a special note to that effect.

Changes to Discharge:

- If more space is required, please attach additional pages and diagrams to adequately explain and/or update the treatment and disposal process, and the characteristics of the waste discharged or otherwise disposed of.
- Please elaborate on any proposed expansions, cutbacks, improvements or changes of any kind which will or may affect the quantity or quality of pollutants discharged.

Application Signature:

- The person who signs the application form will often be the applicant himself; when another person signs on behalf of the applicant, his title or relationship to the applicant should be shown in the space provided. In all cases, the persons signing the form should be authorized to do so by the applicant. An application submitted by a corporation must be signed by a principal executive officer of at least the level of vice president or his duly authorized representative, if such representative is responsible for the overall operation of the facility from which the discharge(s) described in the form originate. In the case of a partnership or a sole proprietorship, the application must be signed by a general partner or the proprietor, respectively. In the case of a municipal, state, federal or other public facility, the application must be signed by either a principal executive officer, ranking elected official or other duly authorized employee.

Submit this application as soon as possible. It should be submitted at least 90 days prior to the expiration of your present permit. Submit hard copies of this Permit Renewal Application to:

City of Bend
Industrial Pretreatment Program
62975 Boyd Acres Rd.
Bend, Oregon 97701

Please direct any questions or concerns to:

Christina Davenport
Industrial Pretreatment Programs Manager
City of Bend
(541) 323-8540
cdavenport@bendoregon.gov