


**Permit issued by: JBLM  
 Directorate of Public Works SANITARY  
 SEWER TEMPORARY DISCHARGE  
 PERMIT:**

Applicability: This permit only applies to individuals and organizations requesting to discharge into the JBLM Sanitary Sewer System and for dates, times and volumes specified.

**PART I: DISCHARGE REQUEST** *(Completed by Applicant)*

<i>Name:</i> _____ <i>Phone:</i> _____ <i>Date:</i> _____	
<i>Unit/Organization:</i> _____ <i>Non-Digital Signature of Applicant:</i> _____	
<i>Describe Reason for Discharge</i> (e.g., disinfection of potable water lines, grey water from field training, etc.):	
<p><b>Discharge Location.</b></p> <p>Maps to approved Temporary Discharge Location Manhole included with Permit. Soldier on manhole across the street from bldgs. 9540 and 9552.</p> 	<p><b>Waste Water Characterization:</b></p> <p>a. <i>Discharge Date(s) Requested:</i> _____</p> <p>b. <i>Time(s) of Day Requested:</i> _____</p> <p>c. <i>Total Volume:</i> _____</p> <p>d. <i>Volume per Discharge:</i> _____</p> <p>e. <i>Chemical Makeup:</i> _____</p> <p>f. <i>pH:</i> _____</p> <p>g. <i>Chlorine PPM:</i> _____</p>

Email this form to: [usarmy.jblm.id-readiness.list.dpw-pretreatment@mail.mil](mailto:usarmy.jblm.id-readiness.list.dpw-pretreatment@mail.mil)

Form current as of December 2020

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<b>Permit Approved:</b>	
	Yes (Go to <i>Permit Conditions</i> ) No
<b>Reason for Denial:</b> _____	
<b>Permit Conditions:</b>	
<b>Permit Expiration:</b> ____ / ____ / ____ (Month/Day/Year)	
<b>Maximum Volume Allowed:</b> _____ gals. <b>Maximum Rate of Discharge:</b> _____ gals. Per discharge.	
<b>Other Requirements:</b> _____	
<b>PW Wastewater Plant Personnel:</b> _____ <b>Date:</b> _____	
<b>Pre-Treatment Program Personnel:</b> _____ <b>Date:</b> _____	

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