



CITY OF PORTLAND  
Stormwater  
Management  
Manual

# FORM 7

# SOURCE CONTROL LONG-TERM DEWATERING APPLICATION

**This form is required for requests to permanently discharge groundwater into a city conveyance system.**

*(for official use only)*

Permit or Authorization Number: \_\_\_\_\_

Fee Required:  Yes  No

Fee Paid:  Yes Check No. \_\_\_\_\_  No

Date of Request: \_\_\_\_\_ Building Permit Application Number: \_\_\_\_\_

## REQUEST BY

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## DISCHARGE GENERATOR

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Facility Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Discharge *(if applicable, attach analytical data report)*: \_\_\_\_\_

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

Discharge Volume: \_\_\_\_\_ gallons per day Requested Rate of Discharge: \_\_\_\_\_ gallons per minute

Building Permit/ City Project Number: \_\_\_\_\_

City of Portland Project Manager *(if applicable)*: \_\_\_\_\_

Proposed Point of Disposal *(attach diagram)*: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_