



CITY OF PORTLAND  
Stormwater  
Management  
Manual

# FORM 5

# SOURCE CONTROL BATCH DISCHARGE APPLICATION

**This form is required for requests to discharge temporary groundwater or channelized / impounded or pumped stormwater associated with construction activities into a city conveyance system.**

*(for official use only)*

Batch Discharge 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 Wastewater (if applicable, attach analytical data report): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Date(s) of Discharge: \_\_\_\_\_

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: \_\_\_\_\_