



CITY OF PORTLAND
Stormwater
Management
Manual

FORM 4

SOURCE CONTROL DEWATERING FORM

All building permit applications for new construction, additions, or improvement that will perform below-grade excavation or discharge groundwater, or perform ground-disturbing activities during the winter months (Oct-May) must complete and submit this form with the documents requested within this form.

(for official use only)

Date Received: _____

Received By: _____

Approved Date: _____

Approved Receiving System: _____

Date of Request: _____ **Building Permit Application Number:** _____

SITE AND CONTACT INFORMATION

Property Site Address: _____

Name of Responsible Party: _____

Responsible Party Phone *(area code required)*: _____

Responsible Party Mailing Address: _____

City/State/Zip: _____

Name of Contractor: _____

Contractor Phone: _____ Contractor Email Address: _____

DISCHARGE INFORMATION

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1 Will there be temporary dewatering and discharges of groundwater?
(Includes mixed groundwater and stormwater)

If YES , applicant must complete a submeter application and batch discharge application. Submit those applications with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Will there be permanent dewatering and discharges of groundwater?

If YES , applicant must complete a submeter application and long-term dewatering application, submit a recorded O&M Plan, if applicable, and include with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Will there be stormwater-only dewatering discharges during construction?
(applicable only if questions 1 and 2 are answered NO)

If YES , fill out the batch discharge application and include it with this form.
If NO , sign this form and submit with building plans. | <input type="checkbox"/> | <input type="checkbox"/> |

Project Discharge Rate: *(If the rate will change based on the depth of the excavation, list those depths with the projected rates.):*

Maximum Discharge Rate (gpm): _____

Duration of Discharge (dates from and to): From _____ To _____

If site conditions change and a discharge offsite is needed, you must call (503) 823-5320 or (503) 823-7180.

SOURCE CONTROL

DEWATERING FORM

Intended Receiving System for the Discharge? (check the following relevant box)

- City Storm City Sanitary City Combined Private Storm
 Private Infiltration Private UIC (Drywell) – City UIC prohibited

Other : _____

If proposing discharge to a private system, please ensure that the Department of Environmental Quality (DEQ) has been notified.

BES may require correspondence from DEQ stating they have been informed of the proposed discharge.

STATEMENT

By signing this form I acknowledge I am the responsible party for the above address and acknowledge that discharges off this site to a City conveyance system are regulated under City Code Chapters 17.39, 17.38, 17.36 and 17.34. By answering no to all three discharge questions, I certify there will be no channelized or pumped stormwater associated with construction activities or groundwater entering a City conveyance system on a permanent or temporary basis. I am also aware that sewer volume charges or system development charges may apply per chapter 17.36 for this discharge. If it is found there is an offsite discharge of either groundwater or stormwater as defined in this statement and the discharge has not been authorized, I am aware that penalties can be assessed per City Code Chapters 17.39 and 17.34. If site conditions change, and a discharge to a City system is needed, I will contact the City by calling 503-823-7122 or 503-823-7180 to obtain authorization to discharge.

Signature: _____

Printed Name: _____

Date Signed: _____