



CITY OF PORTLAND
Source Control
Manual

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: _____