



CITY OF PORTLAND

Source Control Manual

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: