CITY OF PORTLAND Bureau of Environmental Services

Batch Discharge Application

This application is to request discharge of a discrete, contained volume of wastewater to the sewer system. Examples include building wash water from power wash activities and chlorinated water from hydrostatic testing. All application fees, sewer charges, permits, authorizations, and enforcements (if applicable), will be issued and billed to the Requestor - Responsible Party.

Services Date:		
REQUESTER-RESPONSIBLE PARTY (contact for billing purposes)	DISCHARGE GENERATOR	
Contact Name:	Company Name/Contractor: Company Address:	
Company Name:		
Company Address:		
City / State / Zip:		
Phone: Mobile:	Phone: Mobile:	
Email:	Email:	
DISCHARGE DESCRIPTION		
Duration (MM/DD/YY):OR from	to	
Discharge Flow Rate (e.g. 50 gpm): E	stimated Total Discharge Volume (in gallons):	
The BES standard flow restriction is limited to 50 gpm. Requests	above 50 gpm will require additional processing. Increased flow rate	
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The BES standard flow restriction is limited to 50 gpm. Requests requests cannot be accommodated if the City's system lacks sumONITORING SUBMITTAL Attach all data relevant to wastewater characterization, if a proposed DISCHARGE LOCATION	above 50 gpm will require additional processing. Increased flow rate fficient capacity in that area. Available, or if requested by the City (e.g. analytical data) BES Asset ID #: To find the asset ID, 1. Go to: www.portlandmaps.com	
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OFFICIAL USE ONLY

Request Approved?Permit or Authorization #:Invoice #:Initials:Discharge location:Amount:Date issued:Asset ID #:RFI Date:

Batch Discharge Application

Describe discharge location (e	r.g. manhole, catch basin, etc.)	and attach a drawing, map, or	photo.
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BILLING INFORMATION

How will the discharge be measured?

METERED.If metered, the meter must be compatible with the approved discharge flow rate/pipe size and must have a continuous read in gallons or cubic feet. Attach photos of the meter.

MEASURED BY BATCH. If measured by batch, describe how you will calculate your discharge volume:

CERTIFICATION STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who manage the system or persons directly responsible for gathering the information, the information submitted is to the best of my knowledge true, accurate, and complete. I am aware there are penalties for submitting false information.

By signing this application, you understand that no discharges may occur without a City-issued permit or authorization.

RESPONSIBLE PARTY

Printed Name:	Date:
Signature:	

Email the completed form to BatchDischarge@portlandoregon.gov

For more information visit the batch discharge website here: https://www.portlandoregon.gov/bes/article/325324 Questions? Contact the Batch Discharge Program at BatchDischarge@portlandoregon.gov or 503-865-6557