CITY OF PORTLAND Stormwater Management Manual

SIMPLIFIED APPROACH FORM

PROJECT INFORMATION WORKSHEET

Project/Permit Number:	SITE CHARACTERISTICS
Land Use Case Number: Contact Name:	S.1 Do slopes exceed 20% anywhere within the project area? Yes No
Phone:	S.2 Are there springs, seeps, or a high groundwater table within the project area? Yes No
Site Address/R Number(s) for all parcels:	S.3 Geotech Report? Yes No S.4 Infiltration Test? Yes No
Project Description:	See back of form for required certifications.
Existing impervious area: f^2	
Total NEW impervious area:f ²	

SIMPLE PIT INFILTRATION TEST PROCEDURE

The person performing this test does not need a professional credential.

Test instructions:

- 1. Conduct the test in and/or near the location of the proposed infiltration facility.
- 2. Excavate a 2' by 2' pit to a depth of: 2' below grade for facilities less than 2' deep or 3' below grade for facilities greater than 2' deep. Check for standing water or hardpan soil preventing excavation. If either is present, document conditions on this form and <u>do not</u> proceed with the test.
- 3. Fill the pit with at least 12 inches of water and record the initial water depth and the time when the test starts. Check the water depth at regular intervals until all of the water has been absorbed or for 1 hour, whichever occurs first. Record the time and final water depth at the end of the test.
- 4. Repeat the process two more times for a total of three rounds. Conduct the tests in succession to accurately characterize the soil's infiltration rates at different levels of saturation. The third test provides the best measure of the infiltration rate when saturated.
- 5. Record infiltration test data in the table below and certify the results. Uncertified test results will not be accepted.

Required Infiltration Testing

Date of Test:

Depth of Excavation (ft):				
Depth of Proposed Facility:				
	TEST 1	TEST 2	TEST 3	
A. Time (of day)				
B. Duration (minutes; 1 hour maximum)				
C. Initial Water Depth (inches)				
D. Final Water Depth (inches)				
E. Infiltration Rate* (inches/hour)				

*Infiltration Rate = Initial Depth (in) - Final Depth (in) / Duration of Test (hours). hours = minutes/60

Test Pit Location (site plan sketch)

Key information to include: 1) Site or parcel; 2) Adjacent road(s) or cross street(s); 3) Test pit location with dimensions



SIMPLIFIED APPROACH FORM

PROPOSED STORMWATER FACILITIES

Proposed Stormwater Facilities

Please note: Each individual tax lot is required to manage the stormwater runoff it generates on the same lot to the maximum extent feasible (for new construction or redevelopment). The following table includes accepted Simplified Approach facilities **as described in Chapters 2 & 3 of the** *2020 Stormwater Management Manual*. Copies of the manual are available online at www.portlandoregon.gov/bes/SWMM.

STORMWATER FACILITY TYPE	AREA DRAINING TO FACILITY (SF)	FACILITY SIZING FORMULA	FACILITY SIZE (surface area of facility)
Ecoroof		Area x 1 (1:1 ratio)	
Pervious Pavement		Area x 1 (1:1 ratio)	
Rain garden		Area x 0.10	
Basin		Area x 0.09	
Planter		Area x 0.06	
Filter Strip		See sizing table in SWMM Section 3.3.2.1	
Driveway Center Strip		Min. width is 3 ft; max. length is 50 ft if slope is 10-15% (max. slope is 15%).	
Drywell		See Maximum Catchment Area Managed by a Single Drywell Table below	(Drywell diameter, depth number)
Soakage Trench		25 ft² of soakage trench for every 500 ft² of impervious area. (Depth = 1.5 ft; width & length vary)	
Surface Sand Filter		Area x 0.06	
TOTAL IMPERVIOUS AREA (Managed, new, and redeveloped)		Total impervious area must equal the total NEW AND REDEVELOPED impervious area being proposed.	

Maximum Catchment Area Managed by a Single Drywell (ft²)

MATERIAL Ring Diameter	PLASTIC 24 inches	CONCRETE 28 inches	CONCRETE 48 inches
2 ft deep	500 ft ²	NA	NA
5 ft deep	NA	1,000 ft ²	2,500 ft ²
10 ft deep	NA	2,500 ft ²	4,500 ft ²
15 ft deep	NA	3,500 ft ²	5,000 ft ²

No more than 2 plastic drywells allowed per catchment area.

Required Certifications SIMPLE PIT TEST

Name of Tester	
Signature of Tester	
Date	
PERSON RESPONSIBLE FOR APPLICATION ACCURAG	ΞY
Contact Name_Printed	

Contactitum	e i i i i i cu		
Signature			

Date