



City of Phoenix
WATER SERVICES DEPARTMENT
 Quality Reliability Value

Discharge Request Form

The completed form should be sent to the Environmental Services Division at least 10 work days before the requested discharge start date. Please note, discharges that require additional considerations may require up to 30 days' notice. Email completed form to ask.water@phoenix.gov or fax 602-534-7151.

Date of request: _____

Facility or Homeowner Information

Releasing component / asset name: _____ Swimming Pool Request

Address of discharge site: _____ Asset ID: _____

Reason for discharge: _____

Flow path: _____ or See Attachment(s)

Requested Receiving Location (Select all that apply and provide specific information below. Attach maps as needed)

- Storm Drain Sanitary Sewer Lake, River, Wash Drywell On-Site Equalization Basin
 Retention Basin Private Property City Street Other _____

Description or Asset ID: _____ or See Attachment(s)
 (Provide Manhole Number, Cross Street, Waterbody Name, or other identifying information)

Discharge Information

Requested date(s) of discharge (please be exact): Starting _____ Ending _____

Total volume of discharge: _____ Requested flow rate (gpm): _____

Source Water Quality See Attached Lab Report / SDS

pH 5 to 6.4 6.5 to 9.0 9.1 to 10.5 Other _____ Test Method: Test Strip Meter Field Kit

Chlorine < 0.2 ppm 0.2 to 1.5 ppm 1.6 to 4 ppm 4.1 to 5.0 ppm Test Method: Test Strip Meter Field Kit

Contact Information

Homeowner / Project Manager _____ Signature _____

Contracting company (if applicable) _____ Project Number: _____

On-site point of contact _____ Cell Number: _____

Environmental Services Division Use Only: See Attachment(s)

The discharge request is Approved Denied Reason: _____

Stormwater Permit - Outfall # _____ Sanitary Sewer Entry - Manhole or Cleanout # _____ City DeMinimis Coverage

Other _____ Dechlorination Required to _____ ppm Approved Flow Rate _____ gpm

Notification Prior and After Discharge Water Quality Sampling During Discharge Pretreatment Required

Best Management Practices Before / After Photos of Discharge Site Public Notification 10 Day Report

Approved by: _____ Phone Number: _____

Signature: _____ Date: _____

****THIS AUTHORIZATION MUST BE POSTED ON SITE OF THE DISCHARGE****
*****PLEASE READ ATTACHED FACT SHEET FOR DETAILED REQUIREMENTS*****