Bureau of Environmental Services (BES)
Drainage Fixture Worksheet and Storm Water Information Form

Completion of this form is necessary in order to continue your plan review. Please answer the following questions and return to BES Development Review.

Building Application Case #: _____

Development Description / Name: _____

Development Address: _____

Calculation of Drainage Fixture Units (DFUs)

Fixture Type	Number of Fixtures to be Added *(1)*	Number of Fixtures to be Removed *(2)*	Net Change in Number of Fixtures *(3)*	Equivalency Factor *(4)*	Net Change in Number of **DFU's**
Calculation			*(1) - (2)*		*(3) x (4)*
Bathtub or combination bath / shower				2.0	
Clothes Washer				3.0	
Dental unit or cuspidor				1.0	
Dishwasher				2.0	
Drinking fountain or water cooler				0.5	
Floor sink / Floor drain				2.0	
Shower				2.0	
Lavatory (wash basin), single				1.0	
Lavatory (wash basin), in sets				2.0	
Bar sink				2.0	
Sink, commercial w/ food waste				3.0	
Sink, general				2.0	
Laundry sink				2.0	
Service or Mop Basin				3.0	
Urinal				2.0	
Water closet (Toilet)				4.0	
Other*(specify)					
Other*(specify)					
* For Other fixtures, use **DFU** values from Oregon Plumbing Specialty Code		Total Net Changes in **DFU's**: *(if negative, enter negative#) (if applicable show negative # for future credit)*			

Storm Water Identification

Types of impervious surfaces include rooftops, traditional asphalt and concrete parking lots, driveways, roads, sidewalks, pedestrian plazas, or other flatwork, Slatted decks and gravel surfaces are considered pervious unless they cover other impervious surfaces.

Are you increasing the amount of impervious surface? YES ☐ NO ☐

If YES, please complete the following:	
(1) Total impervious area after completion *sq.ft.*	
(2) Existing impervious area before construction *sq.ft.*	
(1-2) New impervious (billable) area added *sq.ft.*	

I certify that this information on this document is current and accurate to the best of my knowledge:

Name: _____ Signature: _____

Company / Firm: _____ Date: _____