

Date: _____

Director
Department of Environmental Services
City and County of Honolulu
1000 Uluohia Street, Suite 308
Kapolei, Hawaii 96707

Dear Sir:

Subject: Application for a Permit to Discharge Dechlorinated Swimming Pool Water into
 the City and County Separate Storm Sewer System

Pursuant to Section 14-12.22, Revised Ordinance of Honolulu 1990, as amended, applicant hereby requests a permit to discharge effluent into the City and County separate storm sewer system. The pertinent information is as follows:

Name or Entity of Applicant: _____

Street Address of Applicant: _____

Location of Site: _____

Tax Map Key of Site: _____

Brief Description of Effluent to be Discharged and the Discharge Operation.

Discharge Quantity (gallons) _____

Rate of Discharge into the Storm Sewer System (gpm) _____

Method of Discharge _____

Location of the Point of Discharge into the City Storm Sewer System _____

Estimated Duration of the Discharge _____

Hours of Operation _____

Method of Treatment or Best Management Practices to Meet State Water Quality

Standards as Identified in Section 11-54-4, Hawaii Administrative Rules _____

I understand that if the discharge contains any chlorine or any other pollutant as defined in the Federal, State, and City laws or regulations, a National Pollutant Discharge Elimination System (NPDES) permit is required from the State Department of Health for the discharge of swimming pool water into waters of the State through the municipal separate storm sewer system. I understand that this permit applies only to the discharge of dechlorinated swimming pool water into a City drainage facility. Any discharge into waters of the State requires a State permit.

Contact Person

Name: _____

Title: _____

Address: _____

Telephone Number: _____

Very truly yours,

Owner or Contractor (Signature)

Print Name

Attachment (\$100 fee)

(7-03-03)