

Director and Chief Engineer
Department of Facility Maintenance
City and County of Honolulu
1000 Uluohia Street, Suite 215
Kapolei, Hawai'i 96707

Dear Madam/Sir:

Subject: Application for a Permit to Discharge Dechlorinated Swimming Pool/Decorative Pond Water into the City and County of Honolulu Municipal Separate Storm Sewer System (MS4)

(Pursuant to Section 43-11.22, Discharge of Effluent other than storm water runoff - R.O.H. 2021, (as amended), the applicant hereby requests a permit to discharge effluent into the city and County of Honolulu Municipal Separate Storm Sewer System ("MS4"). The pertinent information is as follows:

Name of 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: _____

Effluent Type and Quantity (gallons): _____

Rate of Discharge into the City's MS4 (GPM < 2CFS): _____

Method of Discharge: _____

Location of the Point to Discharge into the City's MS4: _____

Estimated Date when Discharge will begin: _____

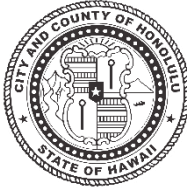
Estimated Duration of the Discharge: _____

Estimated Date when Discharge will be completed: _____

Hours of Operation: _____

Characteristics of the Effluent, including known pollutants: (Attach laboratory analyses of effluent.)

Method of Treatment of Best Management Practices to Meet State Water Quality Standards as identified in Section 11-54, Hawaii Administrative Rules.



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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 (MS4). I understand that this permit applies only to the discharge of dechlorinated swimming pool water into the City drainage facility. Any direct discharge into the waters of the State requires a State permit.

NPDES Permit No. _____ Expiration Date: _____

Contact Person

Name: _____
Title: _____
Address: _____
Telephone: _____
Email: _____

Very truly yours,

Owner or Contractor (Signature)

Print Name

Attachment(s) (\$200.00 fee, copy of NPDES permit, laboratory analyses of effluent, 1 set of plans) (8-14-15.ec)