

**SWIMMING POOL DISCHARGE LOG INTO THE
MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4)
CITY AND COUNTY OF HONOLULU (CITY)**

NAME OF PERMITTEE

TAXPAYER IDENTIFICATION NO.

PERMIT NO.

CONTRACTOR LICENSE NO.

CUSTOMER NAME	ADDRESS / LOCATION	NOTIFICATION DATE	DISCHARGE DATE(S)	DISCHARGE AMOUNT (Gallon)	CHLORINE RESIDUAL (PPM)	PH READING (Number)

ALWAYS HAVE A COPY OF THE ISSUED EFFULENT DISCHARGE PERMIT WHEN PERFORMING THE WORK TO PROVIDE TO ANY CITY OFFICIAL WHEN REQUESTED.