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

Permit No. _____

Drainage District: _____

Outfall I.D. #: _____

Dear Sir/Madam:

Subject: **Permit to Discharge Effluent into the Municipal Separate Storm Sewer System (MS4)**
(Pursuant to Section 14-12.22, Discharge of Effluent other than storm water runoff - R.O.H. 1990, as Amended)
Project Title (if applicable):
Effluent Type: Dechlorinated Swimming Pool Water/Decorative Pond Water
Tax Map Key:
Location or Address: _____

We, the undersigned, hereby agree to the following:

1. That we shall indemnify and hold the City and County of Honolulu free and harmless from all suits and actions resulting from our operations.

2. That we shall provide appropriate best management practices and/or treatment for the removal of floatable and settleable solids, soil particles, or any significant pollutants or substances in the discharge to meet the receiving water limitations in Part C of the City's municipal National Pollutant Discharge Elimination System (NPDES) permit and the basic water quality criteria applicable to all waters as provided in Section 11-54-4, and or any applicable section of Chapter 11-54, Water Quality Standards of the State of Hawaii, at the point of discharge into State waters.

3. That we shall remove any temporary line after completion of the discharge of the effluent and make all restorations to any public property damaged by the discharge operation according to City requirements.

4. That we shall clean out and remove all substances or pollutant in the City's MS4 caused by our operation, after completion of the discharge operation.

5. That we shall obtain an NPDES permit from the State Department of Health for the discharge of pollutant into State waters through the City's MS4. A copy of this NPDES Permit shall be provided to the City.

6. That we shall discontinue the discharge should the State Department of Health or the City determine that the effluent exceeds applicable water quality standards as identified in Section 11-54-4, Hawaii Administrative Rules, or the receiving water limitations in the City's municipal NPDES permit, or the discharge does not meet the effluent limitation of our NPDES permit issued by the State Department of Health, or our operations are creating a drainage problem, or are not in the best interest of the general public.

7. That we shall conduct any effluent monitoring if required by our NPDES permit issued by the State Department of Health and provide a copy of any analysis of the monitoring requirements to the City.

8. That if the City determines that any materials, substances, or any pollutant from our discharge operation have settled into the City MS4, we shall immediately remove and clear such material or substance to the satisfaction of the City.

9. That we understand that we are responsible to ensure that anyone working under this permit understands the permit's terms and conditions.

10. That we shall notify the Department of Facility Maintenance, City and County of Honolulu, at least 72 hours before commencing work and at the conclusion of the discharge operation to arrange for necessary inspectional services at telephone 768-3250 or 768-3242 or fax 768-3381. (Send email to: StormWaterQuality@honolulu.gov).

11. This permit will take effect on the date of the Director and Chief Engineer of the Department of Facility Maintenance approves this permit. This permit will expire at midnight _____ or when amendments to the City's NPDES permit are adopted.

12. Additional conditions: Chlorine residual not to exceed 0.01 ppm.

APPROVAL RECOMMENDED:

_____ _____
Storm Water Quality Branch Date

APPROVED:

_____ _____
Director and Chief Engineer Date
Department of Facility Maintenance

CONSTRUCTION DATA
Work Started: _____ ; completed: _____
C&C Inspector: _____

Very truly yours,

_____ _____
Signature of Applicant Date

_____
Print Name

Title: _____

_____
Name of Company or Owner

Telephone No. _____
Attach: $200 fee, Best Management Practice Plan

(Revised 8-14-15.rc)