SWIMMING POOL WATER DISCHARGES INTO
MUNICIPAL STORM SEWER SYSTEMS

_____
(Name of Permittee)

_____
(Taxpayer Identification No.
or Contractor License No.)

Name of Owner Who Requested Service	Street Address and Location Where Services was Provided	Date City Notified	Date(s) of Discharge Into Municipal System (Month, Day, Year)	Amount of Discharge or Pool Size (Gallons)	Chlorine Residual (ppm)	pH (number)