

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

Drainage District _____ Outfall I.D No _____ (for office use) [NPDES]

Dear Sir:

Subject: Permit to Discharge Effluent into the Municipal Separate Storm Sewer System (Pursuant to Section 14-12.22, R.O of Honolulu, 1990, as Amended)
Effluent Type and Quantity: Dechlorinated Swimming Pool/Decorative Pond Water – Pool Size (gallons)
Tax Map Key: (applicable to owners, not contractors)
Location or Address: (applicable to owners, not contractors)

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 devices to remove floatable and settleable solids, soil particles, or any significant pollutants or substances in the discharge to meet the receiving water limitations in Part B of the City's municipal separate storm sewer system NPDES permit (City's municipal NPDES permit) and the basic water quality criteria applicable to all waters as provided in Section 11-54-4, and any other applicable sections of Chapter 11-54, Water Quality Standards of the State of Hawaii, at the point of discharge into State waters. Chlorine residual shall not exceed 0.01 ppm.
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 substance or pollutant in the storm sewer system caused by our operation, after completion of the discharge operations.
5. That we shall obtain a National Pollutant Discharge Elimination System (NPDES) permit from the State Department of Health for the discharge of any pollutant into State waters through the City storm sewer system if the source of the discharge contains pollutants.
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 furnish a copy of any analysis of the monitoring requirements to the City.
8. That if the City determines that any material or substance from our discharge operation have settled into any storm sewer, we shall immediately remove and clear such material or substance to the satisfaction of the City.
9. That we understand that this permit is valid for a period not exceeding five (5) calendar years.
10. That we understand that this permit can be withdrawn for noncompliance with the conditions of this permit and we are subject to the enforcement provisions of Section 14-12, R.O. of Honolulu as amended.
11. That we understand that we are responsible to ensure that anyone working under this permit understands the permit's terms and conditions.
12. That we shall notify the Department of Environmental Services, City and County of Honolulu at least 24 hours, but no later than 4:30 PM of the last working day before commencing work: 768-3245 (phone) or 768-3246 (phone) or 768-3289 (fax).

This permit will take effect on the date of the Director's approval. This permit will expire at midnight _____
Or when amendments to the City's municipal NPDES permit are adopted.

APPROVAL RECOMMENDED:

Chief, Division of Environmental Quality Date

APPROVED:

Director of Environmental Services Date

(7-12-10)

Very truly yours,

Signature of Applicant Date

Print Name

Title: _____

Name of Company or Owner

Telephone No. _____