

INFORMATION FOR VARIANCE EVALUATION BY UIC PROGRAM

Underground Injection Control (UIC) Program, Safe Drinking Water Branch

Department of Health, State of Hawai'i

919 Ala Moana Blvd., #308, Honolulu, HI 96814

Tel. No. 808-586-4258, Fax: 808-586-4351

For Office Use

App. # WW: _____
 above below UIC line

Attention: This information will be used to determine your project's applicability to UIC requirements and the authorization to abandon or operate the effluent disposal system. Answer all parts accurately and completely. Inaccurate or incomplete answers may result in processing delays.

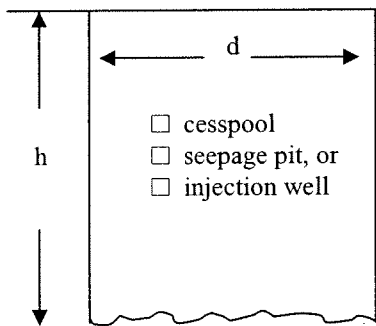
Facility address: _____ Owner : _____

Island: _____ TMK No.: _____ Lot size: _____ sq. ft.

Action related to disposal (check all applicable): abandon cesspool reuse cesspool build new cesspool
 reuse cesspool as seepage pit build new seepage pit reuse leachfield build new leachfield reuse injection well
 build new injection well other: _____

Describe the disposal structure: leachfield _____ ft. x _____ ft. x _____ ft. deep

OR

| | | |
|--|--|--|
|  <p style="text-align: center;">g</p> <p style="text-align: center;">how many: _____</p> <p style="text-align: center;">grd. elev. (g) ft. _____</p> <p style="text-align: center;">diameter (d) ft. _____</p> <p style="text-align: center;">depth (h) ft. _____</p> <p style="text-align: center;">depth to standing water from surface if present: _____</p> | <p><input type="checkbox"/> existing: _____</p> <p><input type="checkbox"/> new: _____</p> | |
|--|--|--|

Wastewater type (check all applicable): domestic residential non-residential runoff industrial
 aquaculture commercial products processing food processing animal-related swimming pool/tubs
 condensate aesthetics healthcare-related floor drains other: _____

Facility's wastewater flow in gallons per day: Average Maximum

Existing design: _____ Future design: _____ Actual (measured or metered): _____

Person providing this information:
 is the owner. is representing the owner.

Printed name: _____ Signed: _____

Title: _____ Company: _____

Address: _____

Date: _____ Phone: _____ Fax: _____
 (0408)