State of Hawaii
Department of Health
Environmental Management Division

Wastewater Branch
Application No. WW _____
Docket No. _____ - VWW - _____
Permit ID _____

APPLICATION FOR VARIANCE

Wastewater Systems
In accordance with Chapter 342 D Hawaii Revised Statues

Complete check box for New or Renewal Application

[ ] New Variance Application

Submit one (1) original and filing fee of **$300.00** payable to **State of Hawaii.**

[ ] Renewal Variance Application

Submit one (1) original and filing fee of **$150.00** payable to **State of Hawaii.**

Submit Variance Application Documents to:

Hawaii State Department of Health
Wastewater Branch
919 Ala Moana Blvd. Room 309
Honolulu, Hawaii 96814-4920
Ph (808)586-4294 Fax (808) 586-4300

Attachments are allowed, but preferred in 8 ½" x 11" format (for copying purposes).

I. GENERAL INFORMATION (please print or type):

A. Applicant Name: _____
(Corporation, company, agency, firm, etc. seeking variance)

Contact person: [ ] Mr. [ ] Ms. _____

Title: _____

Mailing address: _____

_____
(City) (Island) (Zip code)

Phone No.: _____ Fax No.: _____

Email Address: _____

Brief Description of Variance: _____

_____

APPLICATION FOR VARIANCE

Plant or Equipment Location: Tax Map Key #: (_____)_____-_____-_____:_____
Divisions: 1=Oahu 2=Maui 3=Big Island 4=Kauai (Division) Zone - Sec - Plat : Parcel

_____
(Number) (Street)

_____
(City) (Island) (Zip code)

B. Individual authorized to act for applicant:

Agent Name: [ ] Mr. [ ] Ms. _____

Company Name or Firm: _____

Title: _____

Mailing address: _____

_____
(City) (Island) (Zip code)

Phone No.: _____ Fax No.: _____

Email Address: _____

C. Identify the specific sections(s) under Hawaii Administrative Rules (HAR), Chapter 11-62 for which the variance is requested. If additional space is required, please include information on a separate attachment and label "Attachment A". (Chapter 11-62 may be downloaded from our website at http://health.hawaii.gov/wastewater/home/forms/)

II. SPECIFIC INFORMATION:

A. Describe in detail the present and/or proposed equipment and/or discharge and the present and/or proposed operating conditions of the facility in relation to the requested variance (if additional space is required, include the information on a separate attachment and label "Attachment B").

B. Describe how these present or proposed conditions fail to conform with the environmental rules of the State (if additional space is required, include the information on a separate attachment and label "Attachment C").

C. Describe in detail why the present or proposed equipment and/or operating conditions cannot be altered to bring such facility into compliance with the environmental rules of the State within a reasonable amount of time (if additional space is required, please include the information on a separate attachment and label "Attachment D").

D. As a separate attachment ("Attachment E"), supply supporting information to clearly show that:

(1) The granting of the variance is in the public interest as defined in the Hawaii Revised Statutes, Section 342.D-6(c).

(2) The granting of the variance will not substantially endanger human health or safety.

(3) Compliance with the rules or standards from which the variance is sought would produce serious hardship without equal or greater benefits to the public.

E. Specify the amount of time requested for the variance and the reasons for such a time period. Note that the Director cannot issue a variance for a period exceeding five years Check applicable amount of time requested.

[ ] 5 years [ ] 4 years [ ] 3 years [ ] 2 years [ ] 1 year

F. Submit any additional information which will support this application for a variance (i.e., statements, plans, area maps, histories, etc., and label "Attachment F").

III. CERTIFICATION:

I, _____, _____,
(print name) (print title)
certify that I have knowledge of the facts herein set forth and that the same are true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

DO NOT WRITE BELOW - FOR AGENCY USE ONLY

IV. Date Application received: _____

V. Application No.: _____ VI: Docket No.: _____

VII. OneStop Databse Permit ID: _____ VIII. Received by: _____

IX. Filing fee **($300.00)** check date: _____ Check #: _____

(**$150.00** for **renewals**) check date: _____ Check # _____

X. Department of Health Receipt #: _____ Batch # _____

XI. Decision on Application: _____ Date: _____

XII. Date of Public Hearing: _____

For Office Use
App. # WW: _____
☐ above ☐ below UIC line

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

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.

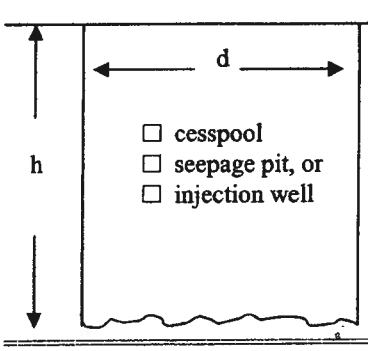
Facility address: _____ Owner : _____

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



	☐ existing:	☐ new:
how many:	_____	_____
grd. elev. (g) ft.	_____	_____
diameter (d) ft.	_____	_____
depth (h) ft.	_____	_____
depth to standing water from surface if present:	_____	_____

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)

As of 04-07-08