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

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\[ d \]
\[ h \]
\[ \text{cesspool} \]
\[ \text{seepage pit, or} \]
\[ \text{injection well} \]
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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: ___________________________

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