

APPLICATION FOR VARIANCE

Wastewater Systems

In accordance with Chapter 342 D Hawaii Revised Statutes

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:

**State Of Hawaii
Waste Water Branch
2827 Waimano Home Rd #207
Pearl City, HI 96782**

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: _____

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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").

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- 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: _____

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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: _____

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

<p>For Office Use App. # WW: _____ <input type="checkbox"/> above <input type="checkbox"/> below UIC line</p>
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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>h</p> <p>d</p> <p><input type="checkbox"/> cesspool <input type="checkbox"/> seepage pit, or <input type="checkbox"/> injection well</p>	_____ g	<input type="checkbox"/> existing:	<input type="checkbox"/> 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)