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:
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: ____________________________
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: ______________________________________
APPLICATION FOR VARIANCE

DO NOT WRITE BELOW - FOR AGENCY USE ONLY

IV. Date Application received: ____________________________________________________________________

V. Application No.: ____________________ VI: Docket No.: ____________________

VII. OneStop Database 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

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:


g

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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