

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 342D Hawaii Revised Statutes  
(Revised 08/01/2014)

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Complete check box for New or Renewal Application

- New Variance Application  
Submit One (1) original and filing fee of **\$300.00** payable to the **State of Hawaii**.
- Renewal Variance Application  
Submit One (1) original and filing fee of **\$150.00** payable to the **State of Hawaii**.

Submit Variance Application documents to:

**State of Hawaii  
Wastewater Branch  
2827 Waimano Home Rd #207  
Pearl City, HI 96782**

Attachments are allowed, but preferred in 8.5" x 11" format (for copying purposes).

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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)

\_\_\_\_\_  
(Zipcode)

Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Brief Description of Variance:

B. Plant or Equipment Location:

Tax Map Key #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ : \_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (Island) (Zipcode)

C. Individual authorized to act for applicant:

Agent Name:  Mr.  Ms. \_\_\_\_\_

Company Name or Firm: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (Island) (Zipcode)

Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

D. Identify the specific section(s) under Hawaii Administrative Rules (HAR), Chapter 11-62 for which the variance is required. 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 <https://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 342D -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 the 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**

Date Application Received: \_\_\_\_\_

Application No.: \_\_\_\_\_ Docket No.: \_\_\_\_\_

OneStop Database Permit ID: \_\_\_\_\_ Received By: \_\_\_\_\_

Filing Fee (**\$300.00**) check date: \_\_\_\_\_ Check #: \_\_\_\_\_

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

Department of Health Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_

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 Hawaii  
 2385 Waimano Home Rd, Pearl City, HI 96782  
 Tel. No. 808-586-4258

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 the 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: \_\_\_\_\_

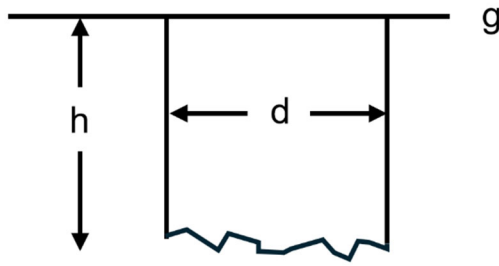
Describe the disposal structure:

Leachfield \_\_\_\_\_ ft. x \_\_\_\_\_ ft. x \_\_\_\_\_ ft. deep

Cesspool

Seepage Pit

Injection Well



Existing:

New:

How many: \_\_\_\_\_

Ground elevation (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: \_\_\_\_\_

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Facility's wastewater flow in gallons per day:

Existing design: \_\_\_\_\_ Future design: \_\_\_\_\_

Actual (measured or metered): \_\_\_\_\_ (Average) \_\_\_\_\_ (Maximum)

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Person providing this information:

is the owner.  is representing the owner.

Printed name: \_\_\_\_\_ Signed: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

As of 04-16-2026

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**DO NOT WRITE BELOW – FOR AGENCY USE ONLY**

Application # WW: \_\_\_\_\_

above  below UIC line