



*Serving Our Community Since 1902*

500 Laurel Street, Menlo Park, California 94025-3486 (650) 321-0384 (650)321-4265 FAX

## **SWIMMING POOL DISCHARGE PERMIT APPLICATION**

### **INSTRUCTIONS FOR FILLING OUT THE PERMIT REQUEST**

1. Fill out this application, for the discharge of swimming pool water to the sanitary sewer system. Your contractor may fill out this application on your behalf.
2. Email completed application electronically to [info@westbaysanitary.org](mailto:info@westbaysanitary.org) for review purposes only.  
**Do not start to drain pool at this point.**
3. Prior to the issuance of the permit the District will dispatch personnel to perform a site and system evaluation.
4. The initial Permit fees may be paid prior to a site evaluation. \*However the discharge of pool water may not take place until District personnel have conducted a system evaluation in your area and all fees have been paid. Fees may be paid at 500 Laurel Street, Menlo Park, CA. Office hours are from Monday through Friday 8:00am to 4:00pm.

### **CONTRACTOR INFORMATION**

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

The District serves Menlo Park, and portions of Atherton, Portola Valley, Woodside, Redwood City, East Palo Alto and unincorporated areas of San Mateo & Santa Clara Counties

Phone: (650) 321-0384

Fax: (650) 321-4265

Did you know draining your swimming pool into the sanitary sewer system is prohibited except by **PERMIT!**

One swimming pool drained into the sanitary sewer is the daily equivalent of what 160 homes put into the system daily.

The addition of 35,000 gallons of water into the sewage system could cause an overload of the system and may result in a Sanitary Sewer Overflow.

In order to prevent an overload to the system, certain control measures must be implemented prior to draining your pool water into the sanitary sewer system such as; mainline sewer condition, flow control, the time of day which the discharge may take place.

**\*Prior to the District issuing a permit, the above referenced items will be evaluated by District personnel**

**SWIMMING POOL DISCHARGE TO SANITARY SEWER**

APN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_  
 Property Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Applicant Signature: \_\_\_\_\_

If a contractor is performing the work, please attach their Business card to the application

**POOL CONFIGURATIONS**

**Average swimming pool depth approximately 5 feet**

**ROUND:**  $3.14 \times \text{radius} \times \text{radius} \times \text{depth} = \text{cf} = \text{ccf}$

**RECTANGULAR:**  $L \times W \times D = \frac{\text{cf}}{100} = \text{ccf}$

**GALLONS:**  $\text{GALLONS} / 748 = \text{ccf}$

**1) 25 gallons per minute maximum discharge  
 2) Discharge only Mon.-Friday 8am-4pm**

\_\_\_\_\_ CCF x \$10.69 \$ \_\_\_\_\_ Treatment fee  
 \$ \_\_\_\_\_ \$295 permit fee  
 + \_\_\_\_\_ Labor rate (if required)

**TOTAL FEE \$ \_\_\_\_\_**

Treatment Fee Per CCF 2023/2024 = \$10.69 CCF (748 gallons)

*Examples*

**Round Pool:**  $3.14 \times 6' \times 6' \times 5' = \frac{565.2 \text{ cf}}{100 (\text{ccf})} = 5.652 \text{ CCF} \times \$10.69 = \$60.42 \text{ Treatment Fee}$

**Rectangular:**  $20' \times 15' \times 5' = \frac{1500 \text{ cf}}{100 (\text{ccf})} = 15 \text{ CCF} \times \$10.69 = \$160.35 (\text{Treatment fee})$

1. Will the pool be cleaned? Yes No Other: \_\_\_\_\_  
 If yes, what chemicals will be used to clean the pool?  
 \*1. \_\_\_\_\_  
 \*2. \_\_\_\_\_

*\*Monitoring of ph during discharge to sanitary sewer may be required*

2. Will the pool be discharged in one day? Yes No  
*\*Additional fees may be required if the pool cannot be discharged during a normal 8 hour work day.*

**Proposed time / date of discharge:** \_\_\_\_\_

**Proposed Flow rate (GPM) :** \_\_\_\_\_ **Does WBSD Concur: y / n**

3. Will traffic control be required? Yes No  
 4. Discharge to manhole I.D. # \_\_\_\_\_ or c/o \_\_\_\_\_  
 5. Will additional labor be required? Yes No (**ADVISE APPLICANT**)  
 6. Mainline Condition Assessment: \_\_\_\_\_

Comments: \_\_\_\_\_

For District Use Only \_\_\_\_\_

**Distribute to: Permit file APN Applicant Water Quality**  
**Unpolluted Discharge Permit \* Treatment Fee PERMIT # NR- \_\_\_\_\_**  
**(Section 902.04c) DATE: \_\_\_\_\_**



## Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.  
All information will remain confidential

Name on card: \_\_\_\_\_

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

\_\_\_\_\_

Credit Card Type:            Visa            Mastercard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Amount to charge: \$ \_\_\_\_\_ (USD)

I authorize **WEST BAY SANITARY DISTRICT** to charge the amount listed above the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder- Please Sign and Date

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Email the completed and signed form to **info@westbaysanitary.org**