



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 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: $\frac{\text{cf}}{7.48} = \text{ccf}$

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

_____ CCF x \$10.10 \$_____ Treatment fee
 \$_____ permit fee
 + _____ Labor rate (if required)

TOTAL FEE \$ _____

Treatment Fee Per CCF 2021/2022 = \$10.10 CCF (748 gallons)

Examples

Round Pool: $3.14 \times 6' \times 6' \times 5' = \frac{565.2 \text{ cf}}{100 (\text{ccf})} = 5.652 \text{ CCF} \times \$10.10 = \$57.09 \text{ Treatment Fee}$

Rectangular: $20' \times 15' \times 5' = \frac{1500 \text{ cf}}{100 (\text{ccf})} = 15 \text{ CCF} \times \$10.10 = \$151.5 \text{ (Treatment fee)}$

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: _____

Return the completed and signed form to the following:
Please fax back to: (650) 321-4265