

INSTRUCTIONS FOR
APPLICATION FOR BACKFILLING AN INJECTION-WELL CESSPOOL

STOP:	This application form and method of backfilling an injection-well cesspool only applies to an injection-well cesspool that is not deeper than 33 feet and has received only sanitary wastes (>1000gpd). For an injection-well cesspool that is deeper than 33 feet, an individualized application is required. Contact the UIC program at 808-586-4258.
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This one-page application form is the first step of a three-step procedure for backfilling and closing an injection-well cesspool.

First, fully complete the application form, and submit the application form to the Underground Injection Control (UIC) program with a \$100 filing fee made payable to the State of Hawai`i. Government agencies are fee exempt.

Next, the General Instructions For Backfilling An Injection-Well Cesspool will be issued to you. Using the instructions, only a geologist or qualified professional engineer may **self-determine** the appropriate **Method** for backfilling an injection-well cesspool. Once the determination is made, the geologist or engineer is responsible for monitoring, assuring, and endorsing that the backfilling work was properly completed.

Lastly, a final completion report signed by the geologist or professional engineer must be submitted to the Department of Health's Underground Injection Control program for file closure. For this requirement, use the Injection-Well Cesspool Backfilling Final Completion Report form that will also be issued to you. Read the final completion report form carefully before doing the backfilling work in order to understand what information to collect/record. An unclosed file is subject to enforcement and corrective action.

Questions, please call the UIC program at 808-586-4258 (Honolulu).

For Office Use:

APPLICATION FOR BACKFILLING AN INJECTION-WELL CESSPOOL

Underground Injection Control (UIC), Dept. of Health, State of Hawai i
919 Ala Moana Blvd., # 308, Honolulu, HI 96814

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Facility name: _____ Island: _____

Facility (cesspool) address: _____

TMK: _____ Type of facility: _____

Cesspool owner (applicant): _____ Phone: _____

Property Owner: _____

Note: If the applicant is different from the property owner, the applicant is responsible and shall inform the property owner of this application and obtain consent.

Number of cesspools: _____ Diameter: _____ Depth: _____

Approximate gallons per day of wastewater per cesspool: _____

Anticipated date of backfilling: _____ Grd. Elevation: _____

Cesspool is being replaced by: _____

Provide on a separate sheet a drawing or sketch of the property showing the location of every injection-well cesspool.

Person filing this application:

Is the owner.

Is representing the owner.

Printed name: _____ Signed: _____

Title: _____ Application date: _____

Company: _____

Address: _____ Phone: _____

\$100 Filing fee to State of Hawai i: Attached, check # _____ Not required, owned by gov. agency.