

South County Regional Wastewater Authority (SCRWA)

Serving the Cities of Gilroy & Morgan Hill

Pretreatment Program

7351 Rosanna Street
Gilroy, CA 95020-6197

Telephone: (408) 846-0451

FAX: (408) 846-0429

SWIMMING POOL/SPA DISCHARGE PERMIT APPLICATION

Permit # _____

1. Owner's name(s) _____

2. Address _____

3. City _____ Telephone # _____

4. Purpose for pool/spa drainage _____

5. Date of service _____ Starting time _____ Ending time _____

6. Acid or other chemical wash? Yes _____ No _____

7. Pool/spa capacity (gallons) _____

8. Party to drain pool/spa Self _____ Contractor _____

9. Name of contractor _____

10. Address _____

11. City _____ State _____ Zip code _____

12. Gilroy city business license # _____

13. Contractor's license # _____

PERMIT CONDITIONS: Pool/spa water shall be discharged to the sanitary sewer only. Pool/spa water shall have a pH 6.5 to 11.0. This permit is valid for six (6) months from the date of issue.

Name _____

please print

Signature _____ Date _____

Approved by _____ Date _____

Amount paid _____ Cash _____ Check _____

Received by _____

KM:I:FORMS:POOLDRN