

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