



## APPLICATION FOR DRAINING AND FILLING OF SWIMMING POOL, SPA AND PONDS

SAN JOAQUIN COUNTY PUBLIC WORKS DEPARTMENT  
 1810 E. HAZELTON AVENUE, STOCKTON CA 95205  
 BUSINESS PHONE: (209) 468-3000  
 24-HOUR UTILITY SERVICE HOTLINE: (209) 468-3090

PLEASE PRINT OR FILL OUT ELECTRONICALLY:

\_\_\_\_\_  
**(Applicant Name)**

\_\_\_\_\_  
**(Site Address)**

\_\_\_\_\_  
**(City, State, Zip Code)**

\_\_\_\_\_  
**(Telephone Number or Email Address)**

**OFFICE USE ONLY**

Water Conservation Stage: _____	Fund # _____
Special District: _____	Acct# 4632200000
	Job # _____
Water Service Rate Structure: _____	
Cost: \$ _____ per 1,000 Gal x Volume = \$ _____	

Reason for draining and/or filling the pool, spa or pond:

  
  

Work will commence on or about \_\_\_\_\_ for approximately \_\_\_\_\_ days.

Where will the pool water be drained to:

On-site Disposal

- Discharge shall have 0.0 milligrams per liter chlorine residual.
- California State Low Threat Discharge Permit is required if a public storm system is nearby.

Off-site Disposal (Hauling Company Name: \_\_\_\_\_)

Public Storm System (California State Low Threat Discharge Permit No.: \_\_\_\_\_)

Public Sewer System

Discharge of pool water into CSA 44 Zone E or Zone G sanitary sewer system is prohibited. *Initial of Applicant:* (\_\_\_\_\_)

Pool Size (skip the pool dimensions if you know the volume in gallons):

Length: \_\_\_\_\_ feet x Width: \_\_\_\_\_ feet x Depth: \_\_\_\_\_ feet x 7.48 = \_\_\_\_\_ gallons

Percentage of water change: \_\_\_\_\_ %

I, the undersigned, certify that I am the resident of the respective property, or am qualified to represent the owner and agree to do the work described above in accordance with the rules and regulations of San Joaquin County and subject to inspection and approval.

X \_\_\_\_\_  
 Signature of Applicant - Title \_\_\_\_\_  
 Date

Upon receipt of payment, approved by: \_\_\_\_\_  
 Director of Public Works or Designee \_\_\_\_\_  
 Date