



Declaration of use of strainers at drainage outlets and surface channels

To: Drainage Services Department (DSD)

Account No. : _____

I/We declare that the number of strainers and their locations at drainage outlets and surface channels are as below:

Item	Location	No. of drainage outlets/surface channels with strainers	Type	No. of strainers (pcs)	Remark
1		*drainage outlets/ surface channels	*Non-detachable/ Detachable	*metal/ plastic	
2		*drainage outlets/ surface channels	*Non-detachable/ Detachable	*metal/ plastic	
3		*drainage outlets/ surface channels	*Non-detachable/ Detachable	*metal/ plastic	
4		*drainage outlets/ surface channels	*Non-detachable/ Detachable	*metal/ plastic	
5		*drainage outlets/ surface channels	*Non-detachable/ Detachable	*metal/ plastic	
6		*drainage outlets/ surface channels	*Non-detachable/ Detachable	*metal/ plastic	
7		*drainage outlets/ surface channels	*Non-detachable/ Detachable	*metal/ plastic	
8		*drainage outlets/ surface channels	*Non-detachable/ Detachable	*metal/ plastic	
9		*drainage outlets/ surface channels	*Non-detachable/ Detachable	*metal/ plastic	
10		*drainage outlets/ surface channels	*Non-detachable/ Detachable	*metal/ plastic	

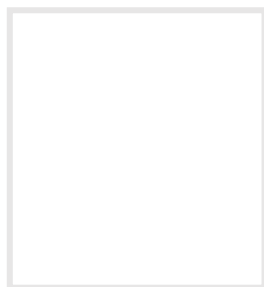
* Delete whichever if inappropriate

Declaration:

I/We understand that the above-mentioned use of strainers as pollution control measure is not long-lasting in view of their temporary effect and the difficulty in maintaining consistent and efficient operation. Thus, I/We have taken due care in considering their use. If I/We insist upon their use, any revision of TES rate approved by DSD is based on the provision that such use of strainers (including numbers and locations) must be at all times the same as the status quo during the course of sampling. I/We clearly understand that if there is any change in such use of strainers (including their numbers and locations), all previous collected samples and COD results, as well as the application, would be void.

Remark:

The locations of strainers declared above should be consistent with those as shown in the diagrams and photographs submitted by applicant.



Company Chop

Applicant

Name of Establishment : _____

Name of Representative : _____

Post : _____

Signature of Representative : _____

Date : _____

Laboratory[#]

Name of Laboratory : _____

Name of Representative : _____

Post : _____

Signature of Representative : _____

Date : _____

The Laboratory must be a laboratory accredited within the Hong Kong Laboratory Accreditation Scheme (HOKLAS) for the analyses described in this application.