



Declaration of use of sponge filters in drainage outlet(s) / surface channel(s)

To : Drainage Services Department (DSD)

Account No. : _____

I/We declare that the number of sponge used as pollution control measure and their location at drainage outlet(s) and surface channel(s) are as below:

| Item | Area | Total no. | Sponge location(s) (no.) | Total no. of sponge (pcs) | Remark |
|------|------------------|----------------|--------------------------|---------------------------|--------|
| 1 | Drainage outlet | | | | |
| 2 | Surface channel | Not applicable | | | |
| 3 | Washing bench | | | | |
| 4 | Scullery | | | | |
| 5 | Sink | Not applicable | | | |
| 6 | Stove | Not applicable | | | |
| 7 | Floor sieve | | Not applicable | | |
| 8 | (Other location) | | | | |
| 9 | (Other location) | | | | |
| 10 | (Other location) | | | | |

Declaration:

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

Remark:

The location(s) of sponge declared above should be consistent with those as shown in the diagram(s) and photograph(s) submitted by applicant.

Establishment

Name of Establishment : _____
Signature of Authorized
Person of Establishment : _____
Authorized Person of
Establishment : _____
Position : _____
Date : _____

HOKLAS Laboratory

Name of Laboratory : _____
Signature of Laboratory
Representative : _____
Name of Laboratory
Representative : _____
Position : _____
Date : _____

Company

Chop