

INDUSTRIAL WASTEWATER DISCHARGE PERMIT SURVEY/APPLICATION

DEPARTMENT OF ENVIRONMENTAL SERVICES
CITY AND COUNTY OF HONOLULU
1000 ULUOHIA STREET, SUITE #303, KAPOLEI, HI 96707
ATTN: REGULATORY CONTROL BRANCH
Email envpermits@honolulu.gov Fax 808-768-1597

Be advised that Section 14-5.1, Paragraph (a) of the Revised Ordinances of Honolulu, as amended, states "No person shall discharge or cause to be discharged any industrial wastewater into the public sewers or into any private sewer which discharges to the public sewers, without first applying for and obtaining an industrial wastewater discharge permit." Please answer all questions. Indicate "NA" if the question does not apply to your business. If you have any questions please call: (808) 768-3262.

DO NOT USE THIS FORM FOR BUILDING PERMIT PROJECTS

PART I - ORGANIZATION

1. Business Information:

Parent Company Name: _____
 Doing Business As: _____
 Street Address (address of discharge to sewers)
 _____ Unit # _____
 City: _____ Zip Code: _____
 Tax Map Key: ___ - ___ - _____ - _____

2. Permit Mailing Address:

(If different from Question #1)

Attention: _____
 Company: _____
 Street: _____ Unit # _____
 City: _____ State: _____ Zip: _____

3. Permittee Information :

(Permittee is the party or individual responsible for compliance with this permit for the duration of the permit. This could be the property owner, property manager, lessee, the business, etc.)

Business/Organization: _____
 Contact person: _____
 Phone No. (____) _____ - _____ Ext. ____
 Address: _____

 E-mail _____

4. Vehicle Washing:

- a. Do you wash vehicles on site? Yes ___ No ___
- b. If yes, how many vehicles per week? _____
- c. If yes, where is the wash water discharged?
 Storm Drain ___ Sanitary Sewer ___ Other ___
- d. If your answer to Question C is "Other" describe where the wash water is discharged: _____
- e. If your answer to Question C is "Sanitary Sewer" can rainwater enter the drain? Yes ___ No ___
- f. If your answer to Question E is "Yes", do you have a two-way valve? (e.g. wash water discharged to sewer, rainwater to storm drain) Yes ___ No ___

5. Business/Description:

(Describe the business operation for Question #1. Examples: drug store with photo processing, restaurant, food court within a shopping center, auto repair shop, fish market, grocery store, doctor's office with x-ray, wholesale or retail bakery, etc).

- a. Business Hours: _____ a.m. to _____ p.m.
- b. Open how many days per week? _____
- c. Name of business previously at this location: _____
- d. If you relocated, list your previous address: _____

6. For Businesses With Food Preparation:

- a. Do you cook, prepare, package, process or serve fats, oils or grease (FOG) containing food or food items, or use FOG containing products in the cooking, preparation, processing or packaging of food items?
 Yes ___ No ___
- b. Estimated number of meals prepared daily _____
- c. How many entre pots, pans and trays do you wash daily (not counting rice pots or coffee pots)? _____
- d. How many pieces of cooking equipment do you wash daily? _____
- e. Maximum seating capacity _____

7. What is the Nature of the Industrial Wastewater Discharge?

Examples: washing pots and pans, dishwashing, equipment washing, vehicle washing, product manufacturing, photo/x-ray development, chemical discharge, etc.)

PART II - PRETREATMENT DEVICES/EQUIPMENT

- 8. Do You Have One or More of the Following? (Please answer all questions)**
- | | | |
|--|------------|-----------|
| | Yes | No |
| a. Do you have floor drains in your facility located in your production/maintenance/work area? | _____ | _____ |
| b. Oil Interceptor(s). (Auto repair, vehicle washes, automotive classes)..... | _____ | _____ |
| c. Neutralization System(s). (Laboratory, schools, x-ray/photo processing, printers, etc.)..... | _____ | _____ |
| d. Silver Recovery Unit(s). (X-ray/photo processing, printers, etc.)..... | _____ | _____ |
| Are you utilizing digital x-rays or photo processing? | _____ | _____ |
| e. Solids Interceptor(s). (Hospitals, dentists, restaurants, arts/craft shops, jewelers, etc.)..... | _____ | _____ |
| f. Hair Trap(s). (Dog groomers, veterinarians)..... | _____ | _____ |
| g. Lint Trap(s). (Laundromats, commercial laundries, hotel laundries, etc.) | _____ | _____ |
| h. Water Recycling System(s). (Trucking companies, rental car co., auto/truck washes, etc.)..... | _____ | _____ |
| i. Cooling Tower/Boiler(s). (Hotels, office buildings, malls, hospitals, commercial laundries, etc.) | _____ | _____ |
| j. Grease Removal Devices (Grease Interceptor). (Restaurants, commercial kitchens, etc.) | _____ | _____ |

	<u>Location of Grease Removal Device</u> (kitchen, outside, parking lot, etc)	<u>Inside Dimensions (in inches)</u>			<u>Liquid Operating Capacity</u>
		<u>Length</u>	<u>Width</u>	<u>Height (to water line)</u>	
1.	_____	_____	_____	_____	Gallons
2.	_____	_____	_____	_____	Gallons

- 9. Cooking Equipment.** For businesses with food preparation, how many (FILL IN A NUMBER) of the following equipment do you have in the food preparation, cooking, and cleanup area? PUT ZERO IF NONE.
- Stove _____ Food Grinder/Garbage Disposal _____ Dishwasher _____ Deep Fryer _____ Grill/Griddle _____
- Broiler _____ Oven _____ Other Cooking Equipment (please list) _____

10. Hauled Industrial Waste. This section pertains to those liquid waste that are 100% collected and NOT DISPOSED OF DOWN ANY DRAINS. Do not include hauled waste associated with maintaining or servicing of any pretreatment devices (e.g. Grease Removal Devices, Oil Interceptors, Neutralization Tanks, Silver Recovery Unit, etc.)

Please indicate the type, amount in gallons, and frequency. (e.g. daily, weekly, monthly, quarterly, yearly) wastes are collected. Indicate "N/A" if Not Applicable.

	<u>Amount</u>	<u>Frequency</u>
a. Used automotive/marine products (used motor oil, anti-freeze, battery acid).....	_____	_____
b. Acid Bath (i.e. jewelry plating, chrome plating, electro plating)	_____	_____
c. Solution from x-ray, photo processing, photo copying or printing equipment	_____	_____
d. Cesspool or septic tank	_____	_____
e. Bulk used cooking oil (i.e. deep fryer, wok).....	_____	_____
f. Other waste (Example: Hazardous waste [lab chemicals, perchlorethylene])	_____	_____

Please describe: _____

CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. "

_____	_____
Permittee's Signature	Date
_____	(____) ____ - ____ ext. ____
Print Permittee's Name	Phone Number