

LOG NO.	PERMIT NO.	SIC
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**INDUSTRIAL WASTEWATER DISCHARGE PERMIT
SURVEY/APPLICATION**

Use this form for projects requiring a Building Permit

Please submit to:

CITY AND COUNTY OF HONOLULU
DEPARTMENT OF PLANNING & PERMITTING
SITE DEVELOPMENT DIVISION
WASTEWATER BRANCH, 1ST FLOOR
650 SOUTH KING STREET, HONOLULU, HAWAII 96813

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.

1. Business/Project Information:

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

Building Permit Contact: _____
 Company: _____
 Phone: (____) _____ - _____ Ext. _____

3. Permit Mailing Address:

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

5. 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 rain water enter the drain? Yes ___ No ___
- f. If your answer to Question E "Yes" do you have a two-way valve? (Wash water discharged to sewer, rainwater to storm drain) Yes ___ No ___

6. Describe the Proposed Plumbing Work:

7. What is the Nature of the Industrial Wastewater Discharge? (e.g., washing pots and pans, dishwashing, equipment washing, vehicle washing, product manufacturing, wet photo/x-ray development, chemical discharge, etc.)

2. 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/manager, lessee, the business in Question 1, etc)

Business/Organization: _____
 Contact person: _____
 Phone Number: (____) _____ - _____ Ext. _____
 Address: _____

4. 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 or dental office with x-ray, wholesale or retail bakery, office building with convenience store, etc. _____)

- a. Business Hours: _____ a.m. to _____ p.m.
- b. Open how many days per week? _____
- c. If this project involves a multi-tenant facility, please attach information on your tenants' names, description of business activity and specific locations (such as unit #, stall #, room #, suite #, etc.) _____
- d. Name of business previously at this location: _____

FOR BUSINESSES WITH FOOD PREPARATION

- e. 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 ___
- f. Estimated number of meals prepared daily _____
- g. How many entre pots, pans and trays do you wash daily (not counting coffee pots or rice pots)? _____
- h. How many pieces of cooking equipment do you wash daily? _____

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. Lint Trap(s). (Laundromats, commercial laundries, hotel laundries, etc.) | _____ | _____ |
| g. Water Recycling System(s). (Trucking companies, rental car co., auto/truck washes, etc.)..... | _____ | _____ |
| h. Cooling Tower/Boiler(s). (Hotels, office buildings, malls, hospitals, commercial laundries, etc.) | _____ | _____ |
| i. Grease Removal Device(s) (Grease Interceptor). (Restaurants, commercial kitchens, etc.) | _____ | _____ |
| Are you retrofitting the Grease Removal Device (GRD) due to an enforcement related violation? | _____ | _____ |

	Location (kitchen, outside, parking lot, etc)	Inside Dimensions (in inches)			Liquid Operating Capacity
		Length	Width	Height (to water line)	
1.	_____	_____	_____	_____	_____ Gallons
2.	_____	_____	_____	_____	_____ Gallons

Attach the following items for projects proposing to install a Grease Removal Device (grease interceptor):
 1) Table of Drainage Fixture Units, 2) GRD sizing calculations, 3) Certification Statements signed by both the business owner and the project engineer, and 4) GRD manufacture & model number information.
 Incomplete applications and/or submittals will delay processing.

j. Other devices (list any other pretreatment devices) _____

9. Cooking Equipment. Indicate (FILL IN A NUMBER) how many of the following equipment 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 Units, 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.

	Amount	Frequency
a. Used automotive/marine products (used motor oil, anti-freeze, battery acid).....	_____	_____
b. Solution from x-ray, photo processing, photo copying or printing equipment	_____	_____
c. Cesspool or septic tank	_____	_____
d. Bulk used cooking oil (i.e. deep fryer, wok).....	_____	_____
e. Other waste such as anything hazardous (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 (See Question #2)

 Date

 Print Permittee's Name

(_____) _____ - _____ ext _____
 Phone Number