

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 qbeltran@honolulu.gov Fax 808-768-3289

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) 768-3271.

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 prepare, cook and/or serve meat (Excluding fish/shellfish)? Yes No
b. Do you utilize lard or animal based shortening in deep frying process? Yes No
c. Estimated number of meals prepared daily
d. How many entre pots, pans and trays do you wash daily (not counting rice pots or coffee pots)?
e. How many pieces of cooking equipment do you wash daily?
f. 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.)

(CONTINUED ON REVERSE SIDE)

PART II - PRETREATMENT DEVICES/EQUIPMENT

1. 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>Length</u>	<u>Width</u>	<u>Height (to water line)</u>	<u>Liquid Operating Capacity</u>
1. _____	_____	_____	_____	_____ Gallons
2. _____	_____	_____	_____	_____ Gallons

2 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) _____

3. 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
Print Permittee's Name	(-) - - ext.
	Phone Number