REQUIRED DOCUMENT CHECKLIST FOR IWDP  
(BUILDING PERMIT APPLICANTS ONLY)

Attention: If you are required to submit an Industrial Wastewater Discharge Permit Application, you must have the following documents attached. Failure to provide the required documentation will delay the processing of your application.

NEW OR REPLACEMENT GREASE REMOVAL DEVICE (GRD) also known as GREASE INTERCEPTOR (GI):

☐ A completed IWDP Application signed by Business Owner or Authorized Person
☐ Drainage Fixture Unit (DFU) Table and GRD Sizing Calculation with Hawaii Licensed Engineer’s Stamp
☐ GRD Manufacturer & Model Number *must be listed on a plan page
☐ UPC Listed / IAPMO Certification
☐ GRD Detail with Hawaii Licensed Engineer’s Stamp *must be listed on a plan page
☐ Certified Statements signed by both Project Engineer and Business Owner or Authorized Person
☐ Sampling Box/Port *must be listed on a plan page
☐ Site plan page showing location of the GRD

Connecting to a COMMON OR EXISTING GREASE REMOVAL DEVICE:

☐ A completed IWDP Application signed by Business Owner or Authorized Person
☐ Drainage Fixture Unit (DFU) Table and GRD Sizing Calculation with Hawaii Licensed Engineer’s Stamp
☐ Total Drainage Fixture Unit Count for each tenant connected to Common GRD to ensure adequate capacity of device.
☐ Certified Statements signed by Both Project Engineer and Business Owner or Authorized Person
☐ Sites where multiple COMMON GRDs exist, identify which GRD is to be connected.

Installing OTHER TYPE OF PRETREATMENT DEVICE:

☐ A completed IWDP Application signed by Business Owner or Authorized Person
☐ Drainage Fixture Unit (DFU) Table and GRD Sizing Calculation with Hawaii Licensed Engineer’s Stamp
☐ Pretreatment Device Manufacturer & Model Number (attach specifications)
☐ Certified Statements signed by Both Project Engineer and Business Owner or Authorized Person
☐ Pretreatment Device detail with Hawaii Licensed Engineer’s Stamp

ALL OTHERS WHO DO NOT FALL INTO THESE THREE CATEGORIES, PLEASE SUBMIT YOUR IWDP APPLICATION FOR REVIEW.

(To be completed by the City & County) - DPP Log No. ____________

Revised 03/05/2020
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, HI 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. This form serves as your permit application if the wastewater from your business requires pretreatment. If you have any questions, please call: (808) 768-4108.

1. Business Information:
   Parent Co. Name: __________________________
   Doing Business as: ______________________
   Street Address (address of discharge to sewers)
   ______________________________________ Unit # _____
   City: __________________ Zip Code: ________
   Tax Map Key: ___ - ___ - ___ ___ ___ - ___ ___ ___
   Building Permit Contact: ____________________
   Company: ________________________________
   Phone No. (__ __ __) __ __ __ - __ __ __ __
   Email: ___________________________________

2. Permittee/Signor 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: ___________________________________
   City: ___________________ Zip Code: ________
   E-mail: ____________________________________

3. Permit Mailing Address: (If different from Question #1)
   Company: ________________________________
   Attention: ________________________________
   Street: ________________________ Unit # _____
   City: _________________________ State: ______ Zip: ______

4. Do you qualify as an SIU (Significant Industrial User) under 40 CFR 403.3(v) or a CIU (Categorical Industrial User) subject to 40 CFR 403.6 and Parts 405-471?
   □ Yes □ No

5. What is the Nature of the Industrial Wastewater Discharge? (What's going down the drain?)
   _________________________________________

6. Describe the Proposed Plumbing Work: _____________________________
   _________________________________________

7. Business/Description: (Describe this business operation)
   a. Business Hours: ______ a.m. to ______ p.m.
   b. Open how many days per week? ______________
   c. Name of business previously at this location:
   ____________________________________________

8. For Businesses with Food Preparation:
   a. Do you cook, prepare, package, process or serve fats, oil or grease (FOG) containing food or food items? Yes □ No □
   b. Prepare, cook, process, package and/or serve mammal/bird meat (beef, pork, chicken, turkey, etc)? Yes □ No □
   c. Utilize hydrogenated oils (margarine, butter, Crisco, etc) in deep frying process? Yes □ No □
   d. Estimated number of meals prepared daily ______
   e. How many greasy pots, pans and trays do you wash daily (not counting rice pots or coffee pots)? ______
   f. How many pieces of greasy cooking equipment do you wash daily? ______
   g. Do you have a mechanical dishwasher? Yes □ No □

9. 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 you 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 □
10. 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  
   e. Solids Interceptor(s) (Hospitals, dentist, restaurants, arts/craft shops, jewelers, etc.)  
   f. Water Recycling System(s) (Trucking companies, rental car co., auto/truck washes, etc.)  
   g. Cooling Tower/Boiler(s) (Hotels, office buildings, malls, hospitals, commercial laundry, etc.)  
   h. Lint Trap(s) (Laundromats, commercial laundry, hotel laundry, etc.)  
   i. Grease Removal Device(s) (Grease Interceptor) (Restaurants, commercial kitchen, etc.)  

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

   12. 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 device 
   (e.g. Grease Removal Device, Oil Interceptor, 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. 
   a. Used automotive/marine products (used motor oil, anti-freeze, battery acid)  
   b. Acid Bath (e.g. 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 (e.g. deep fryer, wok)  
   f. Other waste (e.g. 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."

   Permitee’s Signature (as listed in Question #2)  
   Print Permittee’s Name  
   Date  
   Phone Number  
   (___ ___ ___) ___-___-____ext.