

**FOOD SERVICE ESTABLISHMENT PERMIT
SURVEY/APPLICATION**

Revised 03/05/2020

**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. 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 or (808) 768-3272.

1. Business Information:

Parent Co. 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: _____
Phone No. (____) _____ - _____
Street: _____ Unit # _____
City: _____ State: _____ Zip: _____
E-mail: _____

3. Permittee/Signor Information:

(Permittee is the party or individual responsible for compliance with permit requirements. Permittee may be the property owner, property manager, lessee, the business, etc. If this form is submitted without the permittee's signature, the application will not be processed.)

Business/Organization: _____
Contact person: _____
Phone No. (____) _____ - _____
Address: _____
City: _____ Zip Code: _____
E-mail: _____

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

5. Business/Description:

(Describe the business operation for Question #1.)

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, oil or grease (FOG) containing food or food items? Yes No
- b. Utilize hydrogenated oils (margarine, butter, Crisco, etc) in deep frying process? Yes No
- c. Estimated number of meals prepared daily _____
- d. How many greasy pots, pans and trays do you wash daily (not counting rice pots or coffee pots)? _____
- e. How many pieces of greasy cooking equipment do you wash daily? _____
- f. Do you have a mechanical dishwasher? Yes No
- g. Number of seats? _____

7. 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: _____

(CONTINUED ON REVERSE SIDE)

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? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Solids Interceptor(s)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Oil Interceptor(s)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Neutralization system(s)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Water Recycling System(s)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Grease Removal Device(s) or Grease Interceptor(s)..... | <input type="checkbox"/> | <input type="checkbox"/> |

Location of Grease Removal Devices/Grease Interceptor (kitchen, outside, parking lot, etc.)	Length*	Width*	Height* (to water line)	Liquid Operating Capacity
1.				Gallons
2.				Gallons
3.				Gallons

*Inside dimension in inches

9. **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 "0" IF NONE.)

Stove _____ Deep Fryer _____ Grill/Griddle _____ Broiler _____ Oven _____
 Food Grinder/Garbage Disposal _____ 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. Solids Interceptor(s), Grease Removal Devices (Grease Interceptor(s), etc.)

Please indicate the type, amount in gallons, and frequency. (e.g. (D)aily, (W)eekly, (M)onthly, (Q)uarterly, (Y)early. Indicate "N/A" if Not Applicable.

	Amount	Frequency
a. Cesspool or septic tank.....	_____	_____
b. Bulk used cooking oil (i.e. deep fryer, wok, etc.)	_____	_____
c. Other waste (Example: Hazardous waste [lab chemicals, automotive products, etc.]	_____	_____

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 (as listed in Question #3)	_____ Date
_____ Print Permittee's Name	(_ _ _) - _ - _ ext. _ Phone Number

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