

**NO INDUSTRIAL WASTEWATER DISCHARGE CERTIFICATION**

**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](mailto:envpermits@honolulu.gov) Fax: (808)768-1597**

For the period of \_\_\_\_\_ to \_\_\_\_\_, I, \_\_\_\_\_ the  
(mm/dd/yy) (mm/dd/yy)

authorized representative of \_\_\_\_\_, operating under  
(company/project name)

Temporary Industrial Wastewater Discharge Permit \_\_TU-\_\_\_\_\_, do certify that

**no industrial wastewater was discharged** to the City's sewer system. I understand

that this certification applies to any period of time that operations were required

to cease and desist due to collection sewer system problems that may occur, any

violations to permit conditions, hazardous conditions to the general public and

direction from City, State or Federal officials. This also applies to a rain event,

inclement weather conditions, to include public notification of specific watches,

warnings and advisories as listed in permit. I understand that this certification should

be submitted within 4 days of any notification to cease discharge operations.

I will not be able to resume any discharge operations until this form is submitted,

a new request to discharge is made and we have undergone the 4-day notification

period as required for all discharge requests.

*"I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that the qualified personnel properly executed, gathered, and evaluated 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 fines and imprisonment for knowing violations."*

\_\_\_\_\_  
Authorized Representative/Print Name

\_\_\_\_\_  
Authorized Representative/Signature

\_\_\_\_\_  
Date