

Date: _____

Director, Department of Environmental Services
City and County of Honolulu
1000 Uluohia Street, Suite 303
Kapolei, Hawaii 96707

Subject: Industrial Wastewater Discharge Permit Application
For Temporary Discharges into the City and County of Honolulu's Sewer System

A. Name of Applicant or Entity: _____

B. Mailing Address: _____ Unit Number: _____

City: _____ Hawaii, Zip Code: _____

C. Location of Discharge to City Sewers. Continue on separate sheet as needed.

1. Tax Map Key: ___ - ___ - ___ - ___ - ___ - ___

2. Street Address: _____ For ships: Pier # _____

3. Using trucks to transport wastewater to authorized discharge site(s)? Circle: Yes or No

D. Contact Information

1. Contact Person/Name and Title: _____

2. Email Address: _____

3. Telephone Number: _____ Cell Number: _____

4. Mailing Address: _____ Unit Number: _____

City: _____ Hawaii, Zip Code: _____

E. Brief description of wastewater to be discharged and the discharge operation.

1. Effluent Type (e.g. Chlorinated, Cooling Tower, Grey Water, etc.): _____

*All types of discharges other than hydrotesting and dechlorinated water are required to submit a sample analysis.

2. If discharging groundwater, this a (Circle one) Federal, State, City, Private project.

3. What method of flow measurement will be used? D Meter D Pump System D Manual

*If manual, what formula will be used? (e.g. 12 seconds = 5 gal filled, 60 / 12 sec = 5 x 5 gal = 25 gpm)

4. Total quantity of all effluent to be discharged: _____ total gallons.

Please provide additional data if project is multi-phased, e.g. anticipated discharge volume per phase, discharge location(s), etc.

5. Location of discharge site (manhole number and/or map indication) into the City's Sewer System (8-1/2 x 11 inch map(s) and/or sketch have been attached for reference):

6. Characteristics of the wastewater, including any known pollutants (Laboratory analysis has been attached, if applicable): _____

7. Description of pretreatment method or pretreatment device(s): _____

F. Other discharge means that have been investigated. (Please circle Yes or No)

State Department of Health	586-4309 (Landscaping/Watering/Dust Control)	Yes	No
City Storm Water Branch	768-3242	Yes	No
State Dept. of Transportation	587-2187 (State Storm Drain System)	Yes	No

We have applied for and have been issued an NPDES Permit. Yes No

If yes, Permit number _____

1. We have applied for a permit to discharge the wastewater into the City, State and/or Military Storm Drain system. The application, submitted on, (date) _____ to the (department) _____, was denied to due to the following:

2. We have investigated the option of utilizing the wastewater for landscaping by contacting the Department of Health. The reason this option has not been selected is:

G. Billing and Notification

1. We have an existing account with the Department of Environmental Services for temporary discharge billing. Circle: Yes or No

If Yes, please provide account # _____

2. We have subscribed to receive weather advisories for the City and County of Honolulu via email or by phone from <http://hnl.info>. Circle: Yes or No *Weather notification is required.

3. We have a Twitter Account and have signed up to follow @hnl_env and @env_rc for emergency updates or other notifications pertaining to approved temporary discharges. Circle: Yes or No *Twitter notification is required if permit is granted.

Sincerely,

Owner or Contractor Signature

Print Name

Note to Permit Applicant: Submit on letter-sized paper. Please answer all questions, incomplete applications will not be processed.

OFFICIAL CITY (DPP) USE ONLY

Date: _____

Sewer Adequate? Circle: Yes or No

Adjusted Flow Rate: _____

Discharge Time: _____

Approved Volume: _____

Comments: _____

Contractor to monitor downstream manhole to ensure no sewer overflow

Authorized By: _____