

**INDUSTRIAL WASTEWATER DISCHARGE PERMIT
SURVEY/APPLICATION**

Revised 06/23/14

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) 768-3262 or (808) 768-3272.

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. 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? _____

6. 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: _____

7. 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

8. 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

(CONTINUED ON REVERSE SIDE)

9. 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? Yes No
 - b. Oil Interceptor(s). (Auto repair, vehicle washes, automotive classes)..... Yes No
 - c. Neutralization System(s). (Laboratory, schools, x-ray/photo processing, printers, etc.)..... Yes No
 - d. Silver Recovery Unit(s). (X-ray/photo processing, printers, etc.)..... Yes No
 - Are you utilizing digital x-rays or photo processing? Yes No
 - e. Solids Interceptor(s). (Hospitals, dentists, restaurants, arts/craft shops, jewelers, etc.)..... Yes No
 - f. Water Recycling System(s). (Trucking companies, rental car co., auto/truck washes, etc.)..... Yes No
 - g. Cooling Tower/Boiler(s). (Hotels, office buildings, malls, hospitals, commercial laundries, etc.) Yes No
 - h. Lint Trap(s). (Laundromats, commercial laundries, hotel laundries, etc.)..... Yes No
 - h. Grease Removal Devices (Grease Interceptor). (Restaurants, commercial kitchens, etc.) Yes No

Location of Grease Removal Device (kitchen, outside, parking lot, etc)	Length	Inside Dimensions (in inches)		Liquid Operating Capacity
		Width	Height (to water line)	
1. _____	_____	_____	_____	_____ Gallons
2. _____	_____	_____	_____	_____ Gallons

10. **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) _____

11. **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.

	Amount	Frequency
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 (see Question #3)

 Print Permittee's Name

 Date

(____) _____ ext. _____
 Phone Number