



**CITY AND COUNTY OF HONOLULU**  
**DEPARTMENT OF ENVIRONMENTAL SERVICES**  
**INDUSTRIAL WASTEWATER DISCHARGE PERMIT**



LIQUID WASTE HAULER

TYPE 3 MANIFEST

Hauler's Company Name:

LWH Permit No.:

License Plate/ Make & Model:

**WASTE PICK-UP INFORMATION**

#	BUSINESS NAME/STREET, CITY, ZIP	PICKUP DATE/TIME	VOLUME (GALLONS)	WASTE TYPE <sup>1</sup>	DISCHARGE LOCATION <sup>2</sup>	DISCHARGE DATE/TIME	DRIVER (First initial, last name)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

1. Authorized Industrial Wastewater Discharge Permit (Write in Permit #): \_\_\_\_\_ 2. One-time Discharge (Write in): \_\_\_\_\_  
 2. 1. Honouliuli SRF 2. Sand Island WWTP

"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 fines and imprisonment for knowing violations."

**AUTHORIZED REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_