



DEPARTMENT OF ENVIRONMENTAL SERVICES

CITY AND COUNTY OF HONOLULU

DIVISION OF ENVIRONMENTAL QUALITY
1000 ULUOHIA STREET, SUITE 303, KAPOLEI HAWAII 96707
PHONE: (808) 768-3263 FAX: (808) 768-1553

INDUSTRIAL WASTEWATER DISCHARGE PERMIT
MONTHLY ACTIVITY REPORT

Submitted by the 15th of the following month.
via Email to envlwh@honolulu.gov or fax (808) 768-1545

ver.2021-04-23

Business Name:

IWDP TYPE:

Contact Name

Phone Number

Permit Number

Mailing Address

ACCOUNT NUMBER (CCH OFFICE USE)

REPORTING MONTH/YEAR

TOTALS

Table with 4 columns: MONTH, YEAR, Total Number of Discharges, Total Gallons Discharged

Table with 3 columns: LOCATION, NUMBER OF DISCHARGES, GALLONS DISCHARGED. Rows include HONOULIULI SRF and 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."

SIGNATURE: _____ PRINTED NAME: _____

EMAIL: _____ DATE SIGNED: _____

OFFICE USE table with 4 columns: DATE RECEIVED, RECEIVED VIA, RECORDED BY, FILE NAME