

**INDUSTRIAL WASTEWATER DISCHARGE PERMIT  
SURVEY/APPLICATION**

Revised 09/10/15

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

**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 Co. 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. What is the Nature of the Industrial Wastewater Discharge?** (What's going down the drain?)  
\_\_\_\_\_  
\_\_\_\_\_

**5. 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: \_\_\_\_\_

**6. 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. Utilize hydrogenated oils (margarine, butter, Crisco, etc) in deep frying process? Yes  No
- c. Estimated number of meals prepared daily \_\_\_\_\_
- d. How many greasy pots, pans and trays do you wash daily (not counting rice pots or coffee pots)? \_\_\_\_\_
- e. How many pieces of greasy cooking equipment do you wash daily? \_\_\_\_\_
- f. Do you have a mechanical dishwasher? Yes  No
- g. Number of seats? \_\_\_\_\_

**7. 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)

8. **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?       | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Oil Interceptor(s). (Auto repair, vehicle washes, automotive classes).....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Neutralization System(s). (Laboratory, schools, x-ray/photo processing, printers, etc.).....      | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Silver Recovery Unit(s). (X-ray/photo processing, printers, etc.).....                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you utilizing digital x-rays or photo processing? .....                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Solids Interceptor(s). (Hospitals, dentists, restaurants, arts/craft shops, jewelers, etc.).....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Water Recycling System(s). (Trucking companies, rental car co., auto/truck washes, etc.).....     | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Cooling Tower/Boiler(s). (Hotels, office buildings, malls, hospitals, commercial laundries, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Lint Trap(s). (Laundromats, commercial laundries, hotel laundries, etc.).....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Grease Removal Devices (Grease Interceptor). (Restaurants, commercial kitchens, etc.)             | <input type="checkbox"/> | <input type="checkbox"/> |

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

9. **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) \_\_\_\_\_

10. **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)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Permittee's Name

( \_ \_ ) \_ - \_ \_ \_ \_ ext. \_  
Phone Number