INDUSTRIAL WASTEWATER DISCHARGE PERMIT
SURVEY/APPLICATION

DEPARTMENT OF ENVIRONMENTAL SERVICES
CITY AND COUNTY OF HONOLULU
1000 ULUOHIA STREET, SUITE #303, KAPOLEI, HI 96707
ATTN: REGULATORY CONTROL BRANCH
Email envpermits@hnl.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) ____________________________
   City: __________ Zip Code: __________
   Tax Map Key: ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___
   Unit #: __________

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)

   a. Do you have floor drains in your facility located in your production/maintenance/work area? □ □
   b. Oil Interceptor(s). (Auto repair, vehicle washes, automotive classes)................................. □ □
   c. Neutralization System(s). (Laboratory, schools, x-ray/photo processing, printers, etc.)........ □ □
   d. Silver Recovery Unit(s). (X-ray/photo processing, printers, etc.)........................................... □ □

   Are you utilizing digital x-rays or photo processing? ................................................................. □ □
   e. Solids Interceptor(s). (Hospitals, dentists, restaurants, arts/craft shops, jewelers, etc.)........... □ □
   f. Water Recycling System(s). (Trucking companies, rental car co., auto/truck washes, etc.)..... □ □
   g. Cooling Tower/Boiler(s). (Hotels, office buildings, malls, hospitals, commercial laundries, etc.) □ □
   h. Lint Trap(s). (Laundromats, commercial laundries, hotel laundries, etc.)............................... □ □
   i. Grease Removal Devices (Grease Interceptor). (Restaurants, commercial kitchens, etc.) ....... □ □

<table>
<thead>
<tr>
<th>Location of Grease Removal Device (kitchen, outside, parking lot, etc)</th>
<th>Length</th>
<th>Inside Dimensions (in inches)</th>
<th>Liquid Operating Capacity</th>
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<tbody>
<tr>
<td>1. ___________________________________________________________</td>
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<td>2. ___________________________________________________________</td>
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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.

   a. Acid Bath (i.e. jewelry plating, chrome plating, electro plating)..............................................
   b. Solution from x-ray, photo processing, photo copying or printing equipment..............................
   c. Cesspool or septic tank...................................................................................................................
   d. Bulk used cooking oil (i.e. deep fryer, wok)...................................................................................
   e. Other waste (Example: Hazardous waste [lab chemicals, perchloroethylene]).............................

   Please describe: _______________________________________________________________________________

   Amount Frequency
   ____________ _______ ____________ _______

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

(____  ____  ____  ____  ____  ext.)

__________________________
Date

__________________________
Phone Number