

REQUIRED DOCUMENT CHECKLIST FOR IWDP (BUILDING PERMIT APPLICANTS ONLY)

Attention: If you are required to submit an Industrial Wastewater Discharge Permit (IWDP) application, you must have the following documents attached to it. Failure to provide the required documentation will delay the processing of your application.

NEW OR REPLACEMENT GREASE REMOVAL DEVICE (GRD) also known as GREASE INTERCEPTOR (GI):

- A completed IWDP application signed by a business owner or authorized person
- Drainage Fixture Unit (DFU) table and GRD sizing calculation with Hawaii Licensed Engineer's stamp
- GRD manufacturer, model number, & capacity *must be listed on a plan page
- UPC Listed / IAPMO Certification
- GRD detail with Hawaii Licensed Engineer's stamp *must be listed on a plan page
- Certified Statements signed by both the project engineer and business owner or authorized person
- Sampling Box/Port detail *must be listed on a plan page
- Site plan page showing the location of the GRD *must be listed on a plan page
- For indoor GRD locations, please include dimensions on the GRD detail from the bottom of the GRD to the top of the manhole, and from the top of the manhole to the ceiling clearance above the manhole *must be listed on a plan page

Connecting to a COMMON OR EXISTING GREASE REMOVAL DEVICE:

- A completed IWDP application signed by a business owner or authorized person
- Drainage Fixture Unit (DFU) table and GRD sizing calculation with Hawaii Licensed Engineer's stamp
- Total Drainage Fixture Unit Count for each tenant connected to common GRD to ensure the adequate capacity of the device
- Certified Statements signed by both the project engineer and business owner or authorized person
- Sites where multiple COMMON GRDs exist, identify which GRD is to be connected.

Installing OTHER TYPE OF PRETREATMENT DEVICE:

- A completed IWDP application signed by a business owner or authorized person
- Pretreatment device manufacturer, model number, & capacity (attach specifications)
- Pretreatment device detail with Hawaii Licensed Engineer's stamp

ALL OTHERS WHO DO NOT FALL INTO THESE THREE CATEGORIES, PLEASE SUBMIT YOUR IWDP APPLICATION FOR REVIEW.

INDUSTRIAL WASTEWATER DISCHARGE PERMIT SURVEY/APPLICATION

Use this form for projects requiring a Building Permit

Please submit to:

CITY AND COUNTY OF HONOLULU
DEPARTMENT OF PLANNING & PERMITTING
SITE DEVELOPMENT DIVISION
WASTEWATER BRANCH, 1ST FLOOR
650 SOUTH KING STREET, HONOLULU, HI 96813

Be advised that Section 43-5.1(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, regarding this application please call: (808) 768-4108.

1. Business Information:

Parent Co. Name: _____
Doing Business as: _____
Street Address (business address of discharge) _____
Unit # _____
City: _____ Zip Code: _____
Tax Map Key: ____ - ____ - _____ - _____

Building Permit Contact: _____
Company: _____
Phone No. (____) _____ - _____
Email: _____

2. Permittee/Signor 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.) ROH Section 43-1.2 Authorized Representative

Business/Organization: _____
Contact person: _____
Phone No. (____) _____ - _____
Address: _____
City: _____ Zip Code: _____
E-mail: _____

3. Permit Mailing Address: (If different from Question #1)

Attention: _____
Company: _____
Phone No. (____) _____ - _____
Street: _____ Unit # _____
City: _____ State: _____ Zip: _____
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? (What's going down the drain?)

6. Describe the Proposed Plumbing Work: _____

7. Business/Description: (Describe the business operation)

a. Business Hours: _____ a.m. to _____ p.m.
b. Open how many days per week? _____
c. Name of business previously at this location: _____

8. 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? _____

9. 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 you 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 THE REVERSE SIDE)

- 10 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?
 - 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 laundry, etc.) Yes No
 - h. Lint Trap(s) (Laundromats, commercial laundry, hotel laundry, etc.) Yes No
 - i. Grease Removal Device(s) (Grease Interceptor) (Restaurants, commercial kitchen, etc.) Yes No

Location of Grease Removal Device /Grease Interceptor (kitchen, back door, parking lot, drive-thru, etc.)	New or Existing	Length*	Width*	Height* (to water line)	Liquid Operating Capacity
1.					Gallons
2.					Gallons
3.					Gallons

*Inside dimension in inches

11. 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 ENTER "0" ZERO IF NONE.)

Stove _____ Deep Fryer _____ Grill/Griddle _____ Broiler _____ Oven _____

Food Grinder/Garbage Disposal _____ Other Cooking Equipment (please list) _____

12. Hauled Industrial Waste: This section pertains to those liquid wastes that are 100% collected and NOT DISPOSED OF DOWN ANY DRAINS. Do not include hauled waste associated with maintaining or servicing any pretreatment device (e.g. Grease Removal Device, Oil Interceptor, Neutralization Tanks, Silver Recovery Unit, etc.)

Please indicate the type, amount in gallons, and frequency. (D) daily, (W) weekly, (M) monthly, (Q) quarterly, (Y) yearly. Indicate "N/A" if Not Applicable.

	Frequency	Amount
a. Used automotive/marine products (used motor oil, anti-freeze, battery acid)	_____	_____
b. Acid Bath (e.g. jewelry plating, chrome plating, electroplating)	_____	_____
c. Solution from x-ray, photo processing, photocopying or printing equipment	_____	_____
d. Cesspool or septic tank	_____	_____
e. Bulk used cooking oil (e.g. deep fryer, wok)	_____	_____
f. Other waste (e.g. Hazardous waste – lab chemicals, perchloroethylene)	_____	_____

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 a fine and imprisonment for knowing violations. "

Permittee's Signature (person listed in Question #2)

Date

Print Permittee's Name / & Business Title

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