



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 ATTACHMENT**

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

REPORTING MONTH/YEAR

MONTH	YEAR
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Business Name:

IWDP Type:

Contact Name:

Phone Number:

Permit Number:

LOCATION	CALENDAR DAY OF MONTH																															TOTAL	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
HONOULIULI SRF																																	
SAND ISLAND WWTP																																	
KAILUA ROAD PS																																	
WAIANAЕ SITE																																	
KAHUKU SHF																																	
KANEOHE PTF																																	

Instructions: In each individual cell, enter the number of discharge events per location for each calendar day. If there was zero discharge events for a location for the calendar day, you may leave the cell blank. If there was zero discharge events for the entire calendar month, enter "0" under "TOTAL" for each location. This attachment should match and must be submitted with your monthly activity report. Your monthly activity report is considered incomplete without the submittal of this attachment.

"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:** _____ **DATE:** _____