

**DEPARTMENT OF ENVIRONMENTAL SERVICES**  
CITY AND COUNTY OF HONOLULU  
1000 ULUOHIA STREET, SUITE 303, KAPOLEI, HAWAII 96707  
TELEPHONE: (808) 768-3263 ● FAX: (808) 768-1553 ● WEBSITE: <http://envhonolulu.org>



**INDUSTRIAL WASTEWATER DISCHARGE PERMIT  
LIQUID WASTE HAULER PROGRAM APPLICATION**

Type of Permit Applying for:

\_\_\_\_\_ Type I – *Domestic Wastewater*

\_\_\_\_\_ Type II – *Fats, Oil and Grease, Used Cooking Oil*

\_\_\_\_\_ Type III – *Specialized Wastewater.*

BUSINESS INFORMATION

Company Name: \_\_\_\_\_ Phone No. : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Email Address: \_\_\_\_\_ Business Fax No: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Department of Health Wastewater/Sludge Pumper and Hauler Registration Number: \_\_\_\_\_

CONTACT INFORMATION

Company Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact's Person Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact's Email Address: \_\_\_\_\_

24-Hr Emergency Phone No.: \_\_\_\_\_

HAULED WASTE INFORMATION

Type and estimated volumes of wastewater to discharging into the City & County of Honolulu (CCH).

Industrial Waste: \_\_\_\_\_

Landfill Leachate: \_\_\_\_\_

Septic Tank: \_\_\_\_\_

Cesspool: \_\_\_\_\_

Portable Toilets \_\_\_\_\_

Others \_\_\_\_\_

Estimated Weekly Volume: \_\_\_\_\_ Estimated Annual Volume: \_\_\_\_\_

DRIVER'S IDENTIFICATION LIST (List of drivers to be operating a vehicle covered under permit)

Drivers Name	License Number

VEHICLE'S IDENTIFICATION LIST (List of vehicle to be covered under permit.)

Make/Model	License Plate	Gallons	Registration Expiration Date	Vehicle Identification Number

All vehicles operating under this permit shall be registered with CCH and the State Department of Health. Vehicles shall be clearly labeled with the company name before being placed into operation. Submit pictures of each vehicle showing the front, side and rear views of the vehicles are required. Vehicle front and rear views must show the license plate of the vehicle. Each vehicle shall have the company logo/name on the door or tank prior to submission of application

## INSURANCE

Attach a certificate documenting that your company has adequate comprehensive general liability and auto liability insurance which includes the District as an additional insured and includes provisions for informing CCH 10 days prior to the time of policy cancellations or renewals.

## WASTEWATER AND WASTEWATER SLUDGE PUMPERS AND HAULERS REGISTRATION PLACARD(S) ISSUED BY STATE OF HAWAII DEPARTMENT OF HEALTH

Attach placards issued to your company by the State Department of Health Wastewater Branch as proof of registration to their Wastewater and Wastewater Sludge Pumpers and Haulers.

## DCCA CERTIFICATE OF GOOD STANDING

Attach your Hawaii Certificate of Good Standing issued by the Hawaii Department of Commerce and Consumer Affairs as evidence that your Hawaii business franchise – your Hawaii Corporation, LLC, or LP – is in existence, is authorized to transact business in the state of Hawaii, and complies with all state of Hawaii business requirements and there is in “Good Standing” in the state of Hawaii.

## WASTE HAULER DISCHARGE RATES

Type I (Domestic Wastewater) and Type III (Specialized Wastewater) haulers will be charged \$10.57 per 1,000 gallons or fraction thereof. Haulers will be notified in advance of any changes in rates. Type II (Fats, Oil and Grease, Used Cooking Oil) haulers will be charged by the independent recycling facilities according to their service rates and are subject to change.

Application containing incomplete or missing information will not be processed. Sign completed application and submit with truck photos and other documents by email to: [envlwh@honolulu.gov](mailto:envlwh@honolulu.gov) or fax to: (808) 768-1553, or send by postal mail to:

Department of Environmental Services  
City & County of Honolulu  
1000 Uluohia Street, Suite 303  
Kapolei, Hawaii 96707  
Attention: Christian Hortizuela  
Regulatory Control Branch

“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.”

Name and Title of signing official: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_