

Date: _____

Director
Department of Facility Maintenance
City and County of Honolulu
1000 Uluohia Street, Suite 212
Kapolei, Hawaii 96707

Dear Sir:

Subject: Surface Runoff from Industrial Activities entering into the City's Storm Sewer System

Pursuant to Section 11-55-04, Chapter 11-55, Water Pollution Control, Hawaii Administrative Rules, we are required to obtain coverage under National Pollutant Discharge Elimination System (NPDES) Permit Program from State Department of Health (DOH) for storm water discharges associated with industrial activities. Since surface runoff of storm water from the above activities will enter into the City's storm sewer system, we are providing the following information for your use:

1. Owner Information (owner of facility or activity):

Legal Name: _____

Street Address: _____

City, State, and Zip Code: _____

Contact Person and Title: _____

Phone No.: _____ Fax No.: _____

2. Facility/Project Information:

Facility/Project Name: _____

Street Address: _____

City, State and Zip Code: _____

Tax Map Key: _____

Type of Facility/Activity: _____

Standard Industrial Classification (SIC) or North American Industrial Classification System (NAICS) Code: _____

Contact Person & Title: _____

Phone No. _____ Fax. No.: _____

3. Other Information:

Quantity of Discharge (for 10 yrs, 1 hr storm event): _____

Period of Discharge: From _____ to _____

Location (site) map: Please attach

Have you applied for the Dept. of Health NPDES permit: Yes _____ No _____

Has the Dept. of Health NPDES permit been approved: Yes _____ No _____
(If yes, attach a copy of the permit/NGPC)

Should you need any clarification or more information, please call _____
at _____.

I certify under penalty of law that the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Very truly yours,

Owner (Signature)

Print Name

For Official Use Only: Received by DFM: Date: / / Initial: _____
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