

Director, Department of Environmental Services  
City and County of Honolulu  
1000 Uluohia Street, Suite 303  
Kapolei, Hawaii 96707

OFFICIAL CITY USE ONLY

Permit No.: \_\_\_\_\_

Authorization: \_\_\_\_\_

Dir Sir:

Subject: **Industrial Wastewater Discharge Permit for Temporary Discharge into the City Sewer System**

Project Title: \_\_\_\_\_

Location or Address of Discharge to City Sewers: \_\_\_\_\_

Discharge Type: (circle one) Chlorinated Water Grey Water Cooling Tower Water

Other (Please describe): \_\_\_\_\_

We, the undersigned, hereby agree to the following:

1. That we shall indemnify and hold the City and County of Honolulu's Department of Environmental Services free and harmless from all suits and actions resulting from our operations.
2. That we shall provide the appropriate pretreatment methods and/or devices to remove pollutants, as indicated in our application, such that the effluent complies with the Revised Ordinances of Honolulu (ROH) 14-1.9, as amended, applicable City, State and Federal regulations. In addition, for the discharge of chlorinated water, the discharge level of chlorine residual shall not exceed 5 ppm.
3. That we understand that we are responsible for ensuring that anyone working under this permit understands all the permit terms and conditions. We understand that failure to comply with the terms and conditions of this approval may subject us to additional civil and/or criminal penalties under City, State, and Federal laws. We understand that the responsibility for this permit and its conditions are non-transferable, without the written consent of the director.
4. That we have investigated all other legal means of discharging the effluent, including landscaping, watering, Storm Drain System, etc.
5. That we understand that we may be required to conduct any effluent analysis as directed by any City, State or Federal official, in the event there are indications that the effluent may cause a potential problem within the sewer system, a non-compliance with discharge limits or present a public health or environmental hazard.
6. That we shall cease all discharge activities should sewer system problems occur, violations of the permit conditions, hazardous conditions to the general public, or as directed by City, State or Federal officials. Upon ceasing all activities, notification to the Department of Environmental Services (768-3249, 768-3262, 768-3261 or 768-3271) shall be made, detailing the circumstances of the event. Approval to resume discharge activities shall be obtained from the appropriate City official. In addition, in the event that hazardous waste is discharged into the sewer system, we shall make the proper notifications, in accordance with ROH 14-5.12(f).
7. That we shall contact the City's Department of Environmental Services, Division of Environmental Quality at 768-3249, 768-3262, 768-3261 or 768-3271 at least (3) three business days prior to the requested discharge dates to: 1) provide verbal notification, and 2) obtain approval to proceed with the discharge.
8. That we shall submit, **within (20) twenty calendar days** of the completion of the discharge event, a self-monitoring report certifying the flow rate of discharge, the exact time and date(s) of discharge, the duration of discharge and total volume of discharge. (If more than one discharge event is scheduled, the cumulative total should not exceed the total approved volume listed in permit condition #12). We or our authorized representative, on-site during the discharge shall submit and certify the report with the following statement.  
  
"I hereby certify that the event was witnessed by myself and all information is based on the actual facts during discharge."
9. That we shall be assessed a user charge upon notification of the discharge event, based upon the approved volume, maximum discharge per day, and/or duration of the discharge event. The fee will be assessed in accordance with our sewer rate schedule.

**CONDITIONS 10-15 WILL BE COMPLETED BY CITY OFFICIALS:**

10. That we shall not discharge the effluent water above the maximum allowable flow rate of \_\_\_\_\_.  
If multiple discharge locations are used, the total combined flow rate must not exceed the maximum allowable.
11. That we shall not exceed the maximum allowable discharge per day of \_\_\_\_\_ gallons.
12. That we shall not exceed the total approved volume of \_\_\_\_\_ gallons.
13. That we shall discharge only between the hours of \_\_\_\_\_.
14. That we shall conduct sampling analysis for the following pollutants \_\_\_\_\_.
15. This permit will take effect on the date of the authorized approval. This permit will expire at midnight \_\_\_\_\_, or when deemed necessary by the Director, or his authorized representative.

**APPROVAL RECOMMENDED:**

Very truly yours,

\_\_\_\_\_  
Chief, Division of Environmental Quality Date

\_\_\_\_\_  
Original Signature of Applicant Date

\_\_\_\_\_  
Print Name

**APPROVAL:**

Title: \_\_\_\_\_

\_\_\_\_\_  
Name of Company or Owner

\_\_\_\_\_  
Director, Department of Environmental Services Date

\_\_\_\_\_  
Telephone No: \_\_\_\_\_

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

Director  
Department of Environmental Services  
City and County of Honolulu  
1000 Uluohia Street, Suite 303  
Kapolei, Hawaii 96707

Dear Sir:

Subject: Industrial Wastewater Discharge Permit  
For Temporary Discharges into the City's Sewer System

We request an Industrial Wastewater Discharge Permit for temporary discharge into the City and County's Sewer system.

A. Name or Entity of Applicant: \_\_\_\_\_

B. Mailing Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ Hawaii, Zip Code: \_\_\_\_\_

C. Location of Project or Site.

1. Tax Map Key: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

2. Street Address: \_\_\_\_\_ For ships: Pier # \_\_\_\_\_

D. Contact Person

1. Name: \_\_\_\_\_

2. Title: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ Hawaii, Zip Code: \_\_\_\_\_

4. Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E. Brief description of wastewater to be discharged and the discharge operation.

1. Effluent Type (e.g. Chlorinated, Cooling Tower, Grey Water, etc.): \_\_\_\_\_

\_\_\_\_\_

2. Total quantity of all effluent to be discharged: \_\_\_\_\_ total gallons.  
Please provide additional data if project is multi-phased, e.g. anticipated discharge volume per phase, discharge location(s), etc.

3. Location of discharge site (manhole number and/or map indication) into the City's Sewer System (8-1/2 x 11 inch map(s) and/or sketch have been attached for reference):

\_\_\_\_\_

4. Characteristics of the wastewater, including any known pollutants (Laboratory analysis has been attached, if applicable): \_\_\_\_\_  
 \_\_\_\_\_
5. Description of pretreatment method or pretreatment device(s): \_\_\_\_\_  
 \_\_\_\_\_

F. Other discharge means that have been investigated. (Please circle Yes or No)

State Department of Health	586-4309 (Landscaping/Watering/Dust Control)	Yes	No
City Storm Water Branch	768-3287	Yes	No
State Dept. of Transportation	587-2187 (State Storm Drain System)	Yes	No

1. We have applied for a permit to discharge the wastewater into the City, State and/or Military Storm Drain system. The application, submitted on, (date) \_\_\_\_\_ to the (department) \_\_\_\_\_, was denied to due to the following:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. We have investigated the option of utilizing the wastewater for landscaping by contacting the Department of Health. The reason this option has not been selected is:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
 Owner or Contractor (Original) Signature

\_\_\_\_\_  
 Print Name



**OFFICIAL CITY USE ONLY**

Date: \_\_\_\_\_  
 Sewer Adequate? \_\_\_\_\_  
 Adjusted flow rate? \_\_\_\_\_  
 Discharge Time? \_\_\_\_\_  
 Approved Volume? \_\_\_\_\_  
 Comments? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Authorized by: \_\_\_\_\_