

**WASTEWATER RECLAMATION DIVISION
 PRETREATMENT PROGRAM
 DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 2200 MAIN STREET, SUITE 610, WAILUKU, HAWAII 96793
 TELEPHONE (808) 270-7417**

**APPLICATION FOR WASTEWATER DISCHARGE PERMIT
 (INDUSTRIAL USER)**

(PLEASE TYPE OR PRINT IN INK)

INITIAL APPLICATION

RENEWAL

| | | |
|---|--|--------------------|
| APPLICATION NO. | PERMIT FEE \$ | PERMIT NO. |
| ESTABLISHMENT NAME | | |
| ESTABLISHMENT ADDRESS (STREET, CITY, ZIP CODE) | | |
| OWNER NAME (NAME OF CORPORATION, PARTNERSHIP, ETC.) | | |
| OWNER MAILING ADDRESS (IF DIFFERENT FROM ABOVE) | CONTACT PERSON: | |
| | TITLE: | |
| | ADDRESS: | |
| OWNER PHONE NUMBER | FAX: | |
| | PHONE: | |
| TAX MAP KEY OF BUSINESS ADDRESS (2) | E-MAIL ADDRESS (Required) | |
| Permit Category: Class I (Check one) Class II Class III Special Purpose | Type of Business: | |
| Type of Wastewater: _____ Time and Duration of Discharge: _____ Volume of discharge per day in gallons on average: _____ | PRETREATMENT DEVICE: (list all) | |
| PRETREATMENT DEVICE SERVICED BY: SELF SERVICED PRIVATE HAULER (NAME) _____ | | |
| _____ | _____ | |
| Date | Signature | |
| _____ | _____ | |
| Title | Print Name | |
| Permit Non-Transferable and New Owner/Operator will be required to re-evaluate grease interceptor/trap. Permit valid for two years from issue date and must be renewed before expiration date. | | |
| FOR WASTEWATER RECLAMATION DIVISION USE ONLY | | |
| PERMIT NO. | _____ | DATE ISSUED _____ |
| | | DATE EXPIRES _____ |
| APPROVED BY | _____ | CLASS _____ |
| DATE | _____ | AREA _____ |