## **COUNTY OF MAUI**

## 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** FOOD SERVICE ESTABLISHMENT

APPLICATION NO.  ESTABLISHMENT ADDRESS  ESTABLISHMENT ADDRESS  ESTABLISHMENT ADDRESS  (POWNER NAME  (POWNER MAILING ADDRESS  (POWNER MAILING ADDRESS  (POWNER MAILING ADDRESS  (POWNER MAILING ADDRESS  (POWNER PHONE NUMBER   FAX:  PHONE:  TITLE:  ADDRESS:  OWNER PHONE NUMBER  FAX:  PHONE:  TAX MAP KEY OF BUSINESS ADDRESS  (2)  TOTAL NUMBER OF GREASE INTERCEPTOR/TRAPS  (ANILORS)  MANUFACTURER'S NAME  (GALLONS)  MANUFACTURER'S NAME  OTHER  FREQUENCY OF CLEANING INTERCEPTOR/TRAP  DAILY WEEKLY MONTHLY  OTHER  GREASE INTERCEPTOR CLEANING DONE BY  GREASE WASTE HAULER (COMPANY NAME)  OTHER (COMPANY NAME)  Title  PRIVATE HAULER (MAME)  FREQUENCY OF CLEANING DONE BY  GREASE WASTE HAULER (COMPANY NAME)  OTHER (COMPANY NAME)  TITLE  FOR WASTEWATER RELLAMATION DIVISION USE ONLY  PERMIT NO.  PERMIT NO.  FOR WASTEWATER RELLAMATION DIVISION USE ONLY  PERMIT NO.  APPROVED BY  DATE EXPIRES  CLASS  AREA	(PLEASE TYPE	OR PRINT IN INK)		INITIAL APPLICATION	RENEWAL	
ESTABLISHMENT ADDRESS (STREET, CITY, ZIP CODE)  OWNER AME (NAME COCOMPONATION, PARTNERSHIP, ETC.)  OWNER MAILING ADDRESS (PEDIFFERENT PROM ASOVE)  ENAME  CONTACT PERSON:  TITLE:  ADDRESS:  OWNER PHONE NUMBER  FAX: PHONE:  TAX MAP KEY OF BUSINESS ADDRESS (2)  TOTAL NUMBER OF GREASE INTERCEPTOR/TRAP DAILY WEEKLY MONTHLY OTHER  LIST EACH GREASE INTERCEPTOR/TRAP SIZE (GALLONS)  MANUFACTURER'S NAME  METHOD OF USED COOKING OIL DISPOSAL STAFF TRANSPORTS TO APPROVED SANITARY LANDFILL PRIVATE HAULER (NAME)  Date Title  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 ISSUED DATE ISSUED DATE ISSUED DATE EXPIRES CLASS	APPLICATION NO.		PERMIT FEE \$	PERMIT NO.		
CSTREET, CTIV_ZE CODE	ESTABLISHMENT NAME					
(MAME OF CORPORATION, PARTHERSHIP, ETC.)  OWNER MAILING ADDRESS (IP DIFFERENT TROM ABOVE)  PERSON:  TITLE:  ADDRESS:  OWNER PHONE NUMBER  FAX: PHONE:  TAX MAP KEY OF BUSINESS ADDRESS (2)  TOTAL NUMBER OF GREASE INTERCEPTOR/TRAP INTERCEPTORS/TRAPS  BANAUFACTURER'S NAME  MANUFACTURER'S NAME  METHOD OF USED COOKING OIL DISPOSAL  STAFF TRANSPORTS TO APPROVED SANITARY LANDFILL PRIVATE HAULER (NAME)  Date  Permit Non-Transferable and New Owner/Operator will be required to re-evaluate grease interceptor/trap. Permit Nother Son Wastewater RECLAMATION DIVISION USE ONLY PERMIT NO.  APPROVED BY  FOR WASTEWATER RECLAMATION DIVISION USE ONLY DATE EXPIRES  CLASS  CLASS  TITLE:  ADDRESS:  CONTACT PHORSES:  TITLE:  ADDRESS:  PHONE:  PHONE:  TOTAL NUMBER OF GREASE INTERCEPTOR/TRAP DAILY WEEKLY MONTHLY OTHER  PERMIT NO.  DATE ISSUED DATE EXPIRES  CLASS						
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