

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

(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 (OPTIONAL)					
TOTAL NUMBER OF GREASE INTERCEPTORS/TRAPS	FREQUENCY OF CLEANING INTERCEPTOR/TRAP DAILY WEEKLY MONTHLY OTHER _____					
LIST EACH GREASE INTERCEPTOR/TRAP <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">SIZE (GALLONS)</th> <th>MANUFACTURER'S NAME</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	SIZE (GALLONS)	MANUFACTURER'S NAME			GREASE INTERCEPTOR CLEANING DONE BY GREASE WASTE HAULER (COMPANY NAME) _____ OTHER (COMPANY NAME) _____	
	SIZE (GALLONS)	MANUFACTURER'S NAME				
METHOD OF USED COOKING OIL DISPOSAL STAFF TRANSPORTS TO APPROVED SANITARY LANDFILL 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 _____				