

APPENDIX MAUI-6

**Wastewater Discharge Permit (WWD)
County of Maui
Department of Environmental Management
Wastewater Reclamation Division**

Permit Packet Includes:

1. Process Overview
2. Wastewater Discharge Permit Application Packet & instructions

Resources:

- Maui County Code, Chapter 14.21A GENERAL PRETREATMENT REGULATIONS (requirements of the permit, current discharge standards and provisions for permit issuance, monitoring, violation penalties, etc.)

Approval or Permit Required: To discharge wastewater that is processed at the County of Maui's Wastewater Treatment facilities; applies to significant industrial, non-domestic users.

Contact Information:

Wastewater Reclamation Division
c/o Pretreatment Coordinator
2200 Main St., One Main Plaza Bldg, Suite 610
Wailuku, HI 96793
Phone: 808-270-7988

Website:

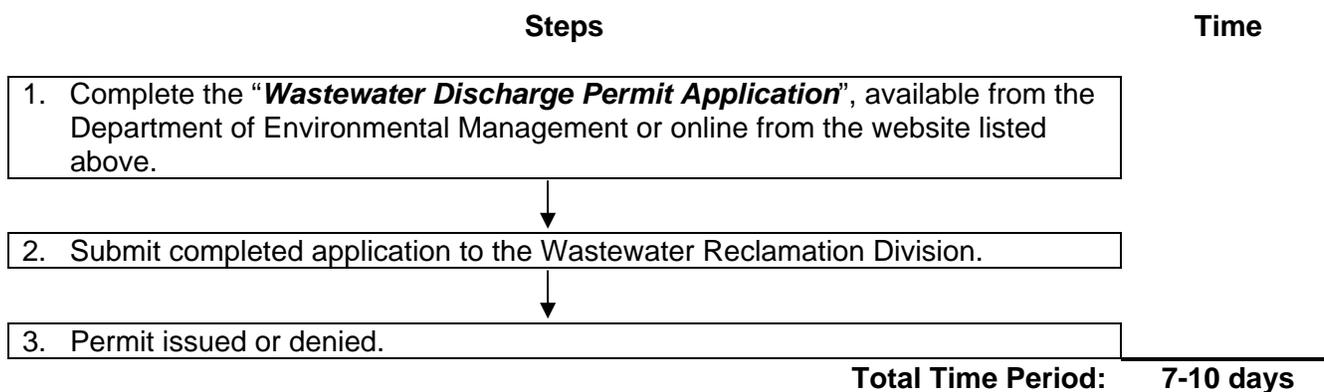
<http://www.co.maui.hi.us/index.aspx?nid=1273>

APPENDIX MAUI-6

Wastewater Discharge Permit (WWD) County of Maui Department of Environmental Management Wastewater Reclamation Division

NOTE:

- A Wastewater Discharge permit is valid for a two-year period. The permit indicates an expiration date and is non-transferable.
- A user with an expiring Wastewater Discharge permit shall apply for Wastewater Discharge permit reissuance by submitting a complete permit application, in accordance with Maui County Code Chapter 14.21A.100, at least ninety days prior to the expiration of the existing Wastewater Discharge permit.



Fees	Amount	Maximum
Initial Fee	\$100	
Renewal Fee	\$100	\$100
Public Hearing not required.		
Total Fees:	\$100 (minimum)	\$100 (maximum)

**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

(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 <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER _____					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">SIZE (GALLONS)</th> <th style="width: 85%;">MANUFACTURER'S NAME</th> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> </tr> </table>	SIZE (GALLONS)	MANUFACTURER'S NAME			GREASE INTERCEPTOR CLEANING DONE BY <input type="checkbox"/> GREASE WASTE HAULER (COMPANY NAME) <input type="checkbox"/> OTHER (COMPANY NAME)	
	SIZE (GALLONS)	MANUFACTURER'S NAME				
METHOD OF USED COOKING OIL DISPOSAL <input type="checkbox"/> STAFF TRANSPORTS TO APPROVED SANITARY LANDFILL <input type="checkbox"/> 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 _____				