

## APPENDIX MAUI-6

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

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**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>

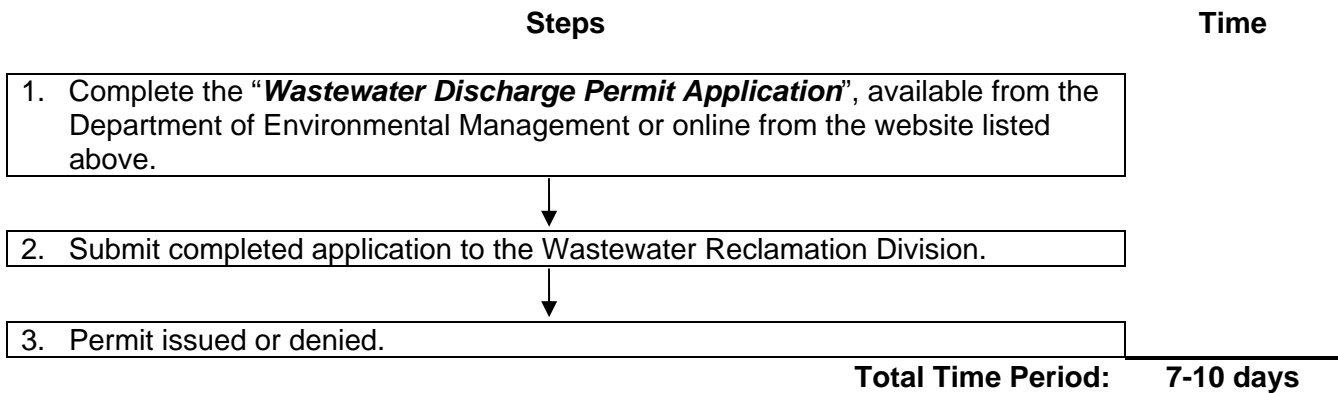
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## APPENDIX MAUI-6

### 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

<b>APPLICATION NO.</b>	<b>PERMIT FEE \$</b>	<b>PERMIT NO.</b>				
<b>ESTABLISHMENT NAME</b>						
<b>ESTABLISHMENT ADDRESS</b> (STREET, CITY, ZIP CODE)						
<b>OWNER NAME</b> (NAME OF CORPORATION, PARTNERSHIP, ETC.)						
<b>OWNER MAILING ADDRESS</b> (IF DIFFERENT FROM ABOVE)	<b>CONTACT PERSON:</b>					
	TITLE:					
	ADDRESS:					
<b>OWNER PHONE NUMBER</b>	FAX:					
	PHONE:					
<b>TAX MAP KEY OF BUSINESS ADDRESS</b>  (2) - - :	E-MAIL ADDRESS (OPTIONAL)					
<b>TOTAL NUMBER OF GREASE INTERCEPTORS/TRAPS</b>	<b>FREQUENCY OF CLEANING INTERCEPTOR/TRAP</b> <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>MANUFACTURER'S NAME</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	SIZE (GALLONS)	MANUFACTURER'S NAME			<b>GREASE INTERCEPTOR CLEANING DONE BY</b> <input type="checkbox"/> GREASE WASTE HAULER (COMPANY NAME) _____ <input type="checkbox"/> OTHER (COMPANY NAME) _____	
	SIZE (GALLONS)	MANUFACTURER'S NAME				
<b>METHOD OF USED COOKING OIL DISPOSAL</b> <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.						
<b>FOR WASTEWATER RECLAMATION DIVISION USE ONLY</b>						
PERMIT NO.	_____	DATE ISSUED _____				
		DATE EXPIRES _____				
APPROVED BY	_____	CLASS _____				
DATE	_____	AREA _____				