	State of Hawaii Department of Health Wastewater Branch	Date Received: Registration No: Check No.:
	2017 Registration Application for HAR, Chapter 11-62 Wastewater and Wastewater Sludge Pumpers and Haulers	

Before completing this form, read the Guidelines for WWB - Wastewater and Wastewater Sludge Pumpers and Haulers Registration. Alterations of the text in this form may delay the processing of this submittal.

GENERAL INFORMATION
Must be completed by all applicants

1. Company Information (see Guidelines for WWB - Reg Form, Note 1)

Company Name: _____

Mailing Address: _____

City, State, & Zip Code: _____

Contact Person & Title: _____

Contact Person's Email: _____

Phone No.: (_____) _____ Fax No.: (_____) _____

Company Facilities Located on: _____ Oahu _____ Kauai _____ Big Island

_____ Maui _____ Molokai _____ Lanai

Local Mailing Address (for Multiple Island / Out-of-State Companies): _____

City, State, & Zip Code: _____

Street Address: _____

City, State, & Zip Code: _____

Local Contact Person & Title: _____

Local Contact Person's Email: _____

Phone No.: (_____) _____ Fax No.: (_____) _____

2. Ownership (see Guidelines for WWB - Reg Form, Note 2)

_____ City _____ County _____ State _____ Federal _____ Private _____ Other

If Other is checked, specify type below:

_____

3. Operator Information, if different from Company (see Guidelines for WWB - Reg Form, Note 3)

Operator's Company Name: _____

Mailing Address: _____

City, State, & Zip Code: _____

Street Address: _____

City, State, & Zip Code: _____

Contact Person & Title: _____

Phone No.: ( ) _____ Fax No.: ( ) _____

4. Contractor Information (see Guidelines for WWB - Reg Form, Note 4)

Are any operational or maintenance aspects of this facility the responsibility of a contractor? ____ Yes ____ No

If yes, provide the following information for each contractor

Contractor's Company Name: _____

Mailing Address: _____

City, State, & Zip Code: _____

Street Address: _____

City, State, & Zip Code: _____

Contact Person & Title: _____

Phone No.: ( ) _____ Fax No.: ( ) _____

Responsibility of contractor: _____

5. Activities Conducted by Applicant (see Guidelines for WWB - Reg Form, Note 5)

Indicate all of the activities conducted.

_____ Cesspool Pumping

_____ Septic Tank Pumpmg

_____ Grease Trap Pumping

_____ Interceptor Pumping

_____ Portable Toilet Pumping

_____ Hauling Sludge from Wastewater Treatment Works

_____ Owner of bulk wastewater sludge application site

_____ Owner of land which sludge is stored for less than two years

_____ Applier of wastewater sludge for land application

_____ Other: _____

6. Vehicle Information (see Guidelines for WWB - Reg Form, Note 6)

List of license plates, vehicle descriptions, and the type of waste the vehicle will pump or haul for all vehicles used to haul wastewater or wastewater sludge.

License Plate	Make	Model	Color	Waste To Be Pumped/Hauled

7. Bulk Wastewater Sludge Land Application Site (see Guidelines for WWB - Reg Form, Note 7)

For each bulk wastewater sludge land application site, provide the following information:

Street Address: _____

City, State, & Zip Code: _____

Tax Map Key: _____ Depth to Groundwater: _____

Provide a detailed site map indicating all property lines, exact application site and within 1/4 mile of the application site indicate all buildings, state water, and geological features of interest.

8. Certification (see Guidelines for WWB - Reg Form, Note 8)

Indicate one of the following:

___ I certify that for a municipal agency, I am a principal executive officer or ranking elected official.

___ I certify that for a state agency, I am a principal executive officer or ranking elected official.

___ I certify that for a non-federal public agency, I am a principal executive officer or ranking elected official.

___ I certify that for a federal public agency, I am a principal executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

___ I certify that I am a general partner for a partnership.

___ I certify that I am the proprietor for a sole proprietorship.

___ I certify that for a corporation, I am the President, Vice President, Secretary, or Treasurer of the corporation and in charge of the principal business function, or I perform similar policy or decision making functions for the corporation.

___ I certify that for a corporation, I am the Manager of one or more manufacturing, production, or operating facilities an authorized to make management decisions which govern the operation of the regulated facility or facilities including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations. I can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.

___ I certify that for a trust, I am a trustee.

___ I certify that for a limited liability company (LLC), I am the Manager or Member authorized to make management decisions for the LLC and am in charge of a principal business function, or I perform similar policy or decision-making functions for the LLC.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I also certify that I have read, understand, and will follow all applicable rules regarding the collection, disposal, monitoring, and record keeping of pumping and hauling wastewater and wastewater sludge, including septage from individual wastewater systems and other wastewater systems.

Signature: _____ Date: _____

Printed Name & Title: _____

Company/Organization Name: _____

Phone No.: ( ) _____ Fax No.: ( ) _____

Upon request, you must submit any other information necessary to assess the wastewater and/or wastewater sludge use or disposal practices at your facility or identify appropriate permitting requirements.

SEND COMPLETED FORMS AND APPLICATION FEE TO:
Wastewater Branch
919 Ala Moana Boulevard, #309
Honolulu, Hawaii 96814

Application fees payable to the State of Hawaii.
Note: We only accept checks and money orders. Cash will not be accepted.
$10 renewal fee for existing registered operations - if registered by February 15, 2017;
$15 late renewal fee for existing registered operations - registering after February 15, 2017;
$30 for new operations; or
$35 late fee for existing operations.