

**STATE OF HAWAII
DEPARTMENT OF HEALTH
ENVIRONMENTAL MANAGEMENT DIVISION
SOLID AND HAZARDOUS WASTE BRANCH**

**PERMIT APPLICATION FOR
SOLID WASTE MANAGEMENT FACILITY
(NOT FOR PERMIT BY RULE)**

This permit application was developed in accordance with the requirements of Hawaii Administrative Rules (HAR), Title 11, Chapter 58.1. **In order for this application to be considered complete, completed Attachments P-1 through P-6 and filing fee must accompany this application form.** Please read the general instructions before completing.

I. Type of Application (check all that apply)

- A. _____ Permit to establish a new facility
- B. _____ Permit to modify an existing facility
- C. _____ Permit renewal with no modification
- D. _____ Permit renewal with modification
- E. _____ Change in ownership
- F. _____ Other

Describe _____

II. Existing pollution control permits and/or variances issued to facility:

III. General Information

A. Name and address of the owner of the solid waste facility:

_____ Telephone: _____

B. Name and address of the operator of the solid waste facility:

_____ Telephone: _____

C. Name and address of individual authorized to act for the owner and operator:

_____ Telephone: _____

D. Name and address of landowner (If landowner is other than the owner/operator of the solid waste facility, include Attachment P-6):

_____ Telephone: _____

E. Name and address of lessee, if appropriate:

Telephone: _____

F. Facility Name and Location:

Name: _____
Address: _____

Tax Map Key: _____

(if appropriate)

Latitude: _____° _____', _____" N
Longitude: _____° _____', _____" W
UTM Coordinates: Zone _____ East _____ North _____

G. Type of Facility (check all that apply)

1. Landfill
MSW (daily tonnage _____) _____
C&D (daily tonnage _____) _____
2. Incinerator (daily tonnage _____) _____
3. Solid Waste Processing
Transfer Station (daily tonnage _____) _____
Recycling/materials recovery _____
Salvage _____
4. Reclamation Facility
Composting _____
Remediation _____
5. Special Waste
Special waste landfill _____
Medical waste _____
Foreign waste _____
Other Non-Specified Technology _____
Please briefly explain _____
6. Waste Treatment/Processing/Storage for Disposal _____

IV. Normal Operating Schedule

- A. Shifts Worked: HOURS OF DAY
1. From: _____ To: _____
 2. From: _____ To: _____
 3. From: _____ To: _____
- B. Days per week: _____
- C. Weeks per year: _____
- D. Operation is seasonal or irregular, describe: _____

- V. For Permit Renewals and Modifications: Is the existing facility in compliance with Hawaii Revised Statutes (HRS) 342G, 342H and 342I; and Hawaii Administrative Rules (HAR), Title 11, Chapter 58.1, "Solid Waste Management Control"?
Yes_____ No_____

If the existing facility is not in compliance with HRS 342G, H and/or I; and/or HAR, Title 11, Chapter 58.1, "Solid Waste Management Control", provide a detailed implementation plan as an attachment to the application. The implementation plan should include but is not limited to areas of noncompliance, reason for noncompliance, proposed actions towards achieving compliance, and implementation schedule, as an attachment to the application.

- VI. Certification by owner and operator:

We, _____, _____ (owner)
(name) (title)
and _____, _____ (operator)
(name) (title)

certify that we have knowledge of the facts hereby submitted and that the same are true and correct to the best of our knowledge and belief, and that all information not identified as confidential in nature shall be treated by the Department of Health as public record. We further state that we will assume responsibility for the construction, modification, operation, maintenance, closure and post-closure of the facility in accordance with Hawaii Revised Statutes, 342G, H and I; and Hawaii Administrative Rules, Title 11, Chapter 58.1, and any permit issued thereof. As co-permittees, we understand that we share joint and several liability for compliance with aforementioned statutes, regulations, and permits.

If the owner/operator is a partnership or group other than a corporation or a county, one individual who is a member of the group shall sign the application. If the applicant is a corporation or a county, an officer of the corporation, general manager of the facility, or an authorized representative of the county shall sign the application.

Date: _____ Owner:
Signature: _____
Title: _____
Company Name: _____
Address: _____
Telephone: _____

Date: _____ Operator:
Signature: _____
Title: _____
Company Name: _____
Address: _____
Telephone: _____

DO NOT WRITE BELOW ----- FOR AGENCY USE ONLY

- VII. Date application received: _____
- VIII. Received by: _____
- IX. Application number: _____
- X. Evaluating Official: _____
- XI. Filing fee attached: Yes _____ No _____
- XII. Plans and specifications attached: Yes _____ No _____
- | | | |
|----------------|-----------|----------|
| Attachment P-1 | Yes _____ | No _____ |
| Attachment P-2 | Yes _____ | No _____ |
| Attachment P-3 | Yes _____ | No _____ |
| Attachment P-4 | Yes _____ | No _____ |
| Attachment P-5 | Yes _____ | No _____ |
| Attachment P-6 | Yes _____ | No _____ |
- XIII. Action on application: Approved: _____
 Disapproved: _____
 Conditional Approved: _____
- XIV. Date of action on application: _____
- XV. Permit number: _____

**ATTACHMENT P-1
LOCATION DRAWING AND SITE PLAN
MEDICAL AND FOREIGN WASTE TREATMENT AND DISPOSAL FACILITIES
SOLID WASTE PERMIT APPLICATION**

The following facility drawings shall be submitted, drawn to a reasonable scale and include the following information (show north arrow and scale of drawing):

1. Location Drawing(s)

Provide location drawing(s) indicating the property involved, topographic data, the zoning of the property, and the outline of all structures, access, and fences. Identify property lines plainly. Indicate the location of the property and equipment in relation to nearby streets and all adjacent properties. The location drawing should also identify the name, nature of business, and zoning of all properties adjacent to the applicant's property lines (Private residences may be identified as residences, unless they are also used as a place of business).

Using USGS Quadrangle Maps, identify all drainage systems and bodies of surface or marine waters, or other sensitive environmental areas within 500 feet of the property lines; and the location of any active groundwater resources within 1000 feet of the facility.

2. Site Plan

Provide a site plan detailing the sizes and locations of all storage and treatment activities, structures, and equipment on the property. Locate waste receiving areas; treatment areas; untreated and treated waste storage areas; environmental control systems, including berms, ditches, and basins; and maintenance area. Specify holding capacity for each storage area and/or container. Identify the equipment with unit numbers corresponding to the process flow diagram and the manufacturer's performance data sheets (as required in Attachment P-3). Indicate any containment structures to control the release of liquids; and direction, controls, and containment for surface water flow. Describe measures, such as fencing, gates, or natural barriers, to restrict and control public access onto the facility; vehicular traffic flow in and around the facility; and fire access lanes.

**ATTACHMENT P-2
PUBLIC INTEREST
SOLID WASTE PERMIT APPLICATION**

Hawaii Revised Statutes (HRS), Chapter 342H, Section 4(c), *Solid Waste Pollution*, requires that the Director of Health approve permits only for those facilities that are in the public interest. This is in addition to those conditions for permit approval as contained in Hawaii Administrative Rules Chapter 11-58.1, *Solid Waste Management Control*. Therefore, the applicant shall submit information regarding the environmental implications of the proposed action, which shall include all relevant and feasible consequences of that action. This information must be submitted by the applicant in the form of a written discussion addressing each of the following major topics:

1. **Environmental impact of the proposed action.** Explain why the facility is in the public interest in terms of the need for the service; the population and area to be served; the characteristics, quantity and source of materials to be processed; the use and distribution of the processed materials and the method of processed residue disposal. Include discussions of the current waste management system, the environmental cost/benefits of the proposed action and the impacts on current and future land use.
2. **Any adverse environmental effects, which cannot be avoided, should the proposed action be implemented.** Discuss any potential impacts the facility may have on public health and the environment from items such as air emissions, leachate, drainage, vector attraction, fires, waste storage and processed residue disposal. Discuss how and to what extent those impacts on public health and the environment will be mitigated through the design and operation of the facility. Discuss plans for emergency operating procedures to protect public health and the environment from unplanned releases.
3. **Alternatives to the proposed action.** Discuss other known alternatives that could feasibly attain the same objective. Explain why they were rejected. Explain why the proposed action represents the Best Practical Technology (BPT). Particular attention must be focused on alternative actions that would reduce or avoid adverse environmental risk and provide a greater cost/benefit to the community. The analysis shall represent a comparative evaluation of the environmental benefits, costs and risks of the proposed action and support the conclusion that it represents BPT.
4. **The relationship between local short-term uses of the environment and the maintenance and enhancement of long-term productivity.** Discuss the effect the operation will have on the site and on the environment on a long-term basis. Discuss the ultimate use of land and surrounding areas as indicated by local zoning codes. Discuss how plans for emergency procedures, final site closure or other steps may mitigate the long-term effects of pollutants. Discuss the long-term impacts the project may have on other waste management alternatives.
5. **Any irreversible and irretrievable commitments of resources which would be involved in the proposed action should it be implemented.** Identify unavoidable impacts and the extent to which the proposed action makes use of non-renewable resources.
6. **Optimum balance between economic development and environmental quality.** Discuss whether the proposed action promotes the optimum balance between economic development and environmental quality.

7. **Consistency with the State Integrated Solid Waste Management Act (HRS 342G) and the County's Approved Integrated Solid Waste Management (ISWM) Plan.** Address the project's conformance with the State waste diversion goals and hierarchy. Discuss the project's impact on the State's current or proposed waste diversion efforts, and the County's overall integrated solid waste management plan.
8. **Public input relating to the impact of the facility on public health and the environment.** Address any requirements for public comment period or hearing under HRS Chapter 343 (Environmental Impact Statement) or local land use ordinances. The applicant should solicit public input on the proposed project. Public input may be solicited through the use public hearings, public informational meetings coordinated with the appropriate community boards or associations or other approved mechanisms. The location of the meetings should be held in the district in which the project will be located. A copy of the meeting minutes should be submitted to the Department as part of this solid waste permit application.

For municipal solid waste management facilities, a minimum a 30-day public notice is required.

ATTACHMENT P-3
SITE ANALYSIS, FACILITY DESIGN, AND OPERATIONS PLAN
MEDICAL AND FOREIGN WASTE TREATMENT AND DISPOSAL FACILITIES
SOLID WASTE PERMIT APPLICATION

Submit a Site Analysis, Design, and Operations Plan for the facility. Any information requested below that is not applicable should be justified.

1. **Site Analysis.** Submit a site analysis of the facility that includes at a minimum the following:
 - a. Location and operations of all structures including receiving, storage and processing areas on the site (listing storage and processing capacities for each material type received), offices, maintenance areas, planned areas for expansion, and property boundaries. Discuss adequacy of the land available for the proposed activity, including turnaround areas for vehicular traffic.
 - b. Impacts on neighboring properties and measures taken to mitigate interference with those existing or anticipated uses. This evaluation should include the identification of any nearby surface waters, wetlands, or other sensitive environmental areas.
2. **Facility Design and Operation Plan.** Submit a written operations plan for the facility that includes at a minimum the following:
 - a. Identification and qualifications of the individuals in charge of the facility operations, and individuals that are trained to operate the equipment at the facility.
 - b. A general description of the facility including relevant design concepts and construction drawings. The description should discuss facility capacity in terms of throughput and storage, contingency plans in the event of equipment failure, inability to dispose of or distribute the processed material and regular maintenance requirements.
 - c. Description of the sources and types of waste to be collected, stored, treated, and/or disposed; and expected volumes/tonnages. Describe the method of collection and transportation of solid waste to the facility. Identify tests or screening methods that will be utilized to determine that the material is acceptable. Describe any voucher/transaction system used to provide a record of waste transactions as it applies to your operation. All records of testing and transactions are required to be kept for a period of five years.
 - d. Description of the operational procedures involved. Infectious waste storage, transfer, treatment and disposal facilities must comply with the requirements of HAR Chapter 11-104. Foreign solid waste treatment and disposal facilities must comply with U.S. Department of Agriculture Title 7, Chapter III, Part 330, sub-part garbage regulations. Discuss the operational procedures of the facility that will ensure compliance with these requirements. Provide a step-by-step description of the process from receipt of waste through screening, processing/treatment, testing, storage, and disposal. Include a process flow diagram detailing this process, with equipment identification numbers, and specifying storage and processing/treatment capacities for each type of waste accepted, and any residuals/by-products resulting from the process.
 - e. Description of the type and number of equipment and storage containers to be used at the facility. Describe how the equipment will be used in the operation of the facility. Include the manufacturer's performance data for each process equipment unit, fixed or mobile, including: type of device (autoclave, incineration, etc.), operating parameters for each waste stream, process flow diagram number, treatment limitations, and design rated capacity. Describe the type and number of storage containers used, material (untreated or treated waste, by-products, or residuals) that will be stored in the

container, storage capacity (by weight [tons/pounds] and volume [cubic yards]) and spill catchment/leachate collection system.

- f. Sampling and analysis plan. Specify monitoring, sampling, testing procedures to ensure that treated waste is appropriately sterilized. Discuss types and procedures for monitoring (i.e. temperature measurements, heat sensitive strips), sample collection methods and locations, test methods (i.e. bacterial cultures, TCLP), frequency of monitoring and sample collection/testing, and submission of data to the department.
- g. Description of the final disposition of by-products and waste. All waste passing through the facility shall be treated and disposed of at a permitted solid waste management facility. Discuss the frequency of removal of each type of treated waste, rejected/by pass waste, or residual, and its destination.
- h. Discussion of all environmental controls. The discussion should include the facility design and operational procedures to be used to prevent contamination of air, soil, groundwater and surface waters (including description of ground surfacing). Include response procedures and sampling plan in the event of an unplanned release of a contaminant into the environment. The sampling may be revised, depending on the nature of the suspected release to the environment.
- i. Description of the facility's drainage system to prevent standing water and to control "run-on" and "run-off" of rainwater.
- j. Discussion of the design and operational procedures to minimize and control vectors, odors, litter and other nuisances. The facility shall maintain a neat and orderly appearance and design elements must be included to screen and buffer the operations to minimize nuisances to neighboring properties.
- k. A fire prevention and response plan to mitigate fire hazards (i.e. design and operational controls) and detail responses should a fire occur (i.e. fire control devices, access for fire department personnel and equipment).
- l. The design for access control, and fencing. Describe measures, such as fencing, gates or natural barriers to restrict and control public access onto the facility.
- m. A copy of a posted sign that displays owner or operator of the facility, the hours of operation and a contact in case of emergency. The sign shall clearly state which wastes are or are not acceptable at the site.
- n. Discussion on the types of operational records to be maintained. At a minimum, operational records shall be maintained and shall include a daily log of the volume or weight of each type of materials received, rejected, processed, treated and/or disposed; and the final destination of each material. An annual report shall be submitted to the Department reporting the quantities and types of waste received and processed; and the ultimate disposal site.

**ATTACHMENT P-4
CLOSURE PLAN
INCINERATION, TRANSFER STATION, RECYCLING, SALVAGE, COMPOSTING,
REMEDICATION, MEDICAL/FOREIGN WASTE TREATMENT, OR
WASTE TREATMENT/PROCESSING/STORAGE FOR DISPOSAL FACILITIES
SOLID WASTE PERMIT APPLICATION**

All Solid Waste Management Facilities are required to prepare and maintain a closure plan. **The closure plan** shall include, but is not limited to, the following information:

1. The identification of any contaminants inherent to the specific facility operation.
2. Day to day operation methods to deal with contaminant and releases at the site.
3. A narrative and flow chart of how the closure will occur at the site. The narrative should review the contaminant compounds of concern, how a detection and testing program will be used at site closure, and the steps to be taken if contaminant compounds are detected, including proposed remedial actions. A flow chart should be provided to explain how the steps will be implemented.
4. A contaminant release log during the life of the site and results of any environmental sampling/investigation at the site should be included as part of the closure planning. The Director of Health may require complete and detailed plans or reports (i.e. site assessment, remediation plans) on solid waste facilities in the event of any releases and/or incidences at the facility.
5. A schedule for implementation of the plan.

An updated closure plan must be completed and submitted for approval 180 days prior to the termination or closure of the facility. Closure of a facility may also be initiated by a permit revocation by the Director of Health, or eviction by the property owner. The updated closure plan shall consist of an updated implementation schedule, the contaminant release log, results of any past environmental sampling/investigation at the site, and any necessary modifications required as a result of the operations.

**ATTACHMENT P-5
ZONING CLEARANCE FORM
SOLID WASTE PERMIT APPLICATION**

TO THE APPLICANT:

Please be advised that a requirement for the issuance of a solid waste management permit in Hawaii is that the facility meets local ordinances and zoning requirements, including the recording of its disposal facility with the Bureau of Conveyances.

In order that the SHWB may determine whether the facility is in compliance with local land use policy, **we require that this attachment be completed and signed by the appropriate county land use/planning agency** (on Oahu, contact the Department of Planning and Permitting). No permit will be issued unless this form has been properly completed and returned. If a Use Permit or SMA Permit is required, submit a copy of said permit with this form.

Name of Applicant: _____

Name and phone number of primary contact for applicant:

Address of proposed facility:

Tax Map Key: _____

Description of proposed facility [e.g., waste processing, waste storage (indoor or outdoor), recycling, composting, waste disposal, etc.): _____

COUNTY AGENCY APPROVAL:

The Current Zoning of the Proposed site for the Proposed Activity / Facility / Operation is:

_____ Allowed Identify Approved Use Permit/SMA, other Restrictions/Limitations: _____

_____ Not Allowed Reason (ex: Use Permit/SMA required, application pending, etc.): _____

Name: _____

Title: _____

Agency: _____

Signature: _____ Date: _____

**ATTACHMENT P-6
PROPERTY OWNER APPROVAL FORM
SOLID WASTE PERMIT APPLICATION**

TO THE APPLICANT:

In order that the SHWB may determine whether the property owner and/or master lessee is knowingly allowing the proposed solid waste activity, we require that this attachment be completed and signed by the property owner and the master lessee, if appropriate. **No permit will be issued unless this form has been properly completed and returned.**

Name of Applicant: _____

Name and phone number of primary contact for applicant:

Address of proposed facility:

Tax Map Key: _____

Description of proposed facility [e.g., waste processing, waste storage (indoor or outdoor), recycling, composting, waste disposal, etc.): _____

PROPERTY OWNER / MASTER LESSEE APPROVAL:

I/We certify that I/we have knowledge and approve of the applicant's proposed solid waste management facility for the subject location. I/We further certify that I/we fully understand the requirements under HAR Chapter 11-58.1, Subchapter 6, such that I/we am/are also responsible for the aesthetic, nonhazardous, sanitary storage, and removal of solid waste to approved solid waste management facilities.

If the property owner/master lessee is a partnership or group other than a corporation, a county, or state entity, one individual who is a member of the group shall sign this form. If the property owner/master lessee is a corporation, a county, or a state entity, an officer of the corporation, or an authorized representative of the county or state shall sign this form.

Property Owner:

Name of Authorized Representative: _____	
Signature: _____	Date: _____
Title: _____	Telephone: _____
Company Name: _____	Termination date of
Address: _____	lease/approval: _____

Master Lessee:

Name of Authorized Representative: _____	
Signature: _____	Date: _____
Title: _____	Telephone: _____
Company Name: _____	Termination date of
Address: _____	lease/approval: _____



Hawaii Department of Health Customer Satisfaction Survey

Rev. 7/08(NF)

To assist the Compliance Assistance Office (CAO) in addressing the environmental permitting needs of small businesses, please complete this brief survey regarding your experience applying for each environmental permit. This survey can also be found online at <http://www.hawaii.gov/health/environmental/compliance/index.html>. For each question, please clearly mark the most appropriate number, from 1 (strongly disagree) to 5 (strongly agree) and provide any additional comments in the spaces provided. After completing this survey, please fold and mail it to the address on page two or fax to 808-586-7236. Or, save paper and postage by pressing the "Submit by Email" button at the bottom of page two (if available). **Your name/alias and email address will not be kept or shared.**

Permit type: _____

☐ Please keep my survey confidential *

I am the: ☐ owner/manager ☐ consultant.

	Strongly Disagree			Strongly Agree		
	1	2	3	4	5	N/A
1) Information requests on the permit application were easy to understand. <i>Please specify which items, if any, were particularly unclear:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) Explanations with the permit application form were helpful. <i>Please specify which items, if any, were not helpful:</i>	1	2	3	4	5	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) Information on the DOH internet site was helpful. <i>Please specify which items, if any, you were unable to find on the DOH's internet site (http://www.hawaii.gov/health/environmental/):</i>	1	2	3	4	5	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4) When I needed assistance, staff were helpful. <i>Please specify the name(s) of any staff you spoke with, including how prompt and helpful they were:</i>	1	2	3	4	5	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Surveys are collected and secured by the Department of Health Compliance Assistance Office, a non-regulatory office that assists businesses in complying with environmental regulations. Surveys requesting confidentiality will not be shown to the permitting authority; however, a summary of the comments and scores may be shown. Contact CAO at 808-586-4528 with any questions.

- 5) I was able to provide all the information requested on the permit application form before submitting it.

1	2	3	4	5	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify which items, if any, you could not answer on the form:

- 6) If permit applications were on the internet or available via other electronic means, I would apply online.

1	2	3	4	5	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 7) I would like to attend training on how to properly complete this type of permit application and to insure that I comply with regulations.

1	2	3	4	5	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please contact the Compliance Assistance Office for training opportunities.

- 8) Which aspects of environmental permits are most important to you? (check the top three)

<input type="checkbox"/> Easy application forms	<input type="checkbox"/> Internet resources	<input type="checkbox"/> Easy permit conditions
<input type="checkbox"/> Clear instructions	<input type="checkbox"/> Training	<input type="checkbox"/> Quick approval
<input type="checkbox"/> Personal assistance	<input type="checkbox"/> Low fees	<input type="checkbox"/> Low cost of compliance

- 9) Other comments/suggestions on this permit application process:

Thank you very much for your cooperation!

-----Fold here to mail-----

State of Hawaii
Department of Health
EHA/CAO
P.O. Box 3378
Honolulu, HI 96801

Place
Stamp
Here

State of Hawaii
Department of Health
Compliance Assistance Office
919 Ala Moana Blvd., Ste. 219
Honolulu, HI 96814