	Permit Application for HAR, Chapter 11-62 Biosolids Wastewater Management Individual Permit (10/20/2025 Rev.)	For Official Use Only Date Received: Permit No: Check No:

This application is divided into five sections (A-F). Sections A and F pertains to all applicants. The applicability of Sections B, C, D, and E depends on your facility's sludge use or disposal practices. All references to 40 CFR 503 are references to the July 1, 1999 version.

SECTION A: GENERAL INFORMATION

All applicants must complete this section.

1. Owner Information

   The owner shall be the owner of the facility. The acknowledgement of receipt of the permit application and the individual permit will be sent to the email or mailing address provided.

   Biosolids Wastewater Management Individual Permit No. (if available): _____

   Legal Name: _____

   Mailing Address: _____

   City, State, and Zip Code: _____

   Street Address: _____

   City, State, and Zip Code: _____

   Contact Person: _____

   Position Title: _____

   Email: _____

   Phone No.: _(_____)_____

2. Owner Type

   ◯ County ◯ State ◯ Federal ◯ Private ◯ Other

   If "Other" is checked, specify the type below:

   _____

3. Operator Information

   The operator is the organization or person(s) who manages and is responsible for the daily activities of the facility.

   Legal Name: _____

   Mailing Address: _____

   City, State, and Zip Code: _____

Street Address: _____

City, State, and Zip Code: _____

Contact Person: _____

Position Title: _____

Email: _____

Phone No.: _(_____)_____

4. Facility Information

Facility Name: _____

Facility Address: _____

City, State, and Zip Code: _____

Tax Map Key (9-digits): _____

Latitude: _____ Longitude: _____

Provide a topographic map (or other map if not available) that shows all relevant site locations (e.g., sites of sludge generation, treatment/preparation, land application, storage, surface disposal) and extends at least one mile beyond the site's property boundaries. The map should indicate structures and land features per HAR 11-62-54.01. This includes property lines, distance to any US waters and/or state waters, potable wells, nearest occupied buildings, treatment sites, disposal sites, storage sites, and other pertinent structures.

_____

5. Description of Facility

Provide a description of the facility. Include information to accurately convey the scope, purpose, and methods used: (Additional sheets may be attached as needed)

_____

_____

Is this facility classified as a Class I Sludge Management Facility? ◯ Yes ◯ No

6. Sludge Received, Used, or Disposed

Sludge totals shall be converted into dry metric tons. Examples to calculate dry weight of sludge:

Example 1: Disposing of 3000 gallons at 1% solids.
3000 gal x 0.01 x 8.34 lbs/gal x 1 ton/2000 lbs x 0.907 mt/ton = 0.113 metric tons

Example 2: Disposing of 3000 gallons with a MLSS of 15000 mg/L.
3000 gal x 3.785 L/gal x 15000 mg/L x 10^{-9} mt/mg = 0.170 metric tons

Example 3: Disposing of 1 cubic yard at 15% solids.
1 cy x 201.974 gal/cy x 0.15 x 8.34 lb/gal x 1 ton/2000 lbs x 0.907 mt/ton = 0.115 metric tons

Provide the following information on sludge totals:

a. Generated at the facility: _____ dry metric tons

b. Total received from off site: _____ dry metric tons

c. Treated or blended on site: _____ dry metric tons

d. Sold or given away in a bag, vehicle, or other container

for land application (≤1 metric ton): _____ dry metric tons

e. Total Shipped off site for treatment or blending: _____ dry metric tons

f. Sent to a municipal solid waste landfill: _____ dry metric tons

g. Temporarily stored on-site (< 2 years): _____ dry metric tons

h. Fired in a sludge incinerator: _____ dry metric tons

i. Co-fired in an incinerator: _____ dry metric tons

j. Total exceptional quality applied to the land in bulk: _____ dry metric tons

If the exceptional quality is sold or given away in a bag, vehicle, or other container that is greater than 1 dry metric ton, provide the total amount and who the sludge is being sold or given to:

_____

_____

k. Total non-exceptional quality applied to the land in bulk: _____ dry metric tons

l. Total domestic quality applied to the land in bulk: _____ dry metric tons

m. Placed on a surface disposal site: _____ dry metric tons

n. Other: _____ dry metric tons

If “Other”, please describe: _____

_____

7. Existing or Pending Permits, Licenses, or Approvals

Provide the expiration date (if available), and corresponding permit numbers or file numbers on any existing or pending environmental permits, registration, licenses, or approvals.

a. Wastewater Branch approvals, registrations, permits: _____

_____

b. NPDES permit or NGPC file no.: _____

c. Underground Injection Control (UIC) permit: _____

d. Solid Waste permit: _____

e. Other permit(s) (specify): _____

_____

8. Additional Information

Any other site-specific information pertaining to the project may also be provided: (Additional sheets may be attached as needed)

_____

_____

9. Additional Contractor Information

Are there any additional operational or maintenance aspects of this facility that are the responsibility of a contractor?

◯ Yes ◯ No

If “Yes”, provide the following information for each contractor. Additional sheets may be attached.

Legal Name: _____

Mailing Address: _____

City, State, and Zip Code: _____

Street Address: _____

City, State, and Zip Code: _____

Contact Person: _____

Position Title: _____

Email: _____

Phone No.: _(_____)_____

Responsibility of Contractor: _____

SECTION B: GENERATION OF SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SLUDGE
Complete this section if your facility generates wastewater sludge, treats/prepares wastewater sludge, and/or derives a material from wastewater sludge.

1. Amount Generated On-Site

   Total amount of wastewater sludge generated on-site at the facility per 365-day period:

   _____ dry metric tons

2. Amount Received from Off-Site

   If your facility receives wastewater sludge from another facility/operation for treatment, use, or disposal, provide the following information for each facility from which wastewater sludge is received. (Additional sheets may be attached as needed)

   Off-Site Facility Name: _____

   Mailing Address: _____

   City, State, and Zip Code: _____

   Street Address: _____

   City, State, and Zip Code: _____

   Contact Person: _____

   Position Title: _____

   Email: _____

   Phone No.: _(_____)_____

   Total amount of wastewater sludge received from this facility per 365-day period:

   _____ dry metric tons

   Describe any treatment processes known to occur at this facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics: (Additional sheets may be attached as needed)

   _____

   _____

3. Treatment Provided by Your Facility

   a. Which class of pathogen reduction is achieved for the wastewater sludge at your facility?

      ◯ Class A ◯ Class B ◯ Neither

   b. Which pathogen reduction option is met for the wastewater sludge at your facility?

      ◯ HAR 11-62-46(a)(3), Class A – Alternative 1, Time and temperature
      ◯ HAR 11-62-46(a)(4), Class A – Alternative 2, pH, time and temperature

◯ HAR 11-62-46(a)(5), Class A – Alternative 3, Concentration of enteric viruses and helminth ova

◯ HAR 11-62-46(a)(6), Class A – Alternative 4, PFRP

- ☐ PFRP 1 – Composting
- ☐ PFRP – 2 Heat drying
- ☐ PFRP 3 – Heat treatment
- ☐ PFRP – 4 Thermophilic aerobic digestion
- ☐ PFRP 5 – Beta ray irradiation
- ☐ PFRP – 6 Gamma ray irradiation
- ☐ PFRP 7 – Pasteurization

◯ HAR 11-62-46(a)(7), Class A – Alternative 5, Equivalent to PFRP

Describe: _____

◯ HAR 11-62-46(b), Class B – Alternative 1, Density of fecal coliform

◯ HAR 11-62-46(b), Class B – Alternative 2, PSRP

- ☐ PSRP 1 – Aerobic digestion
- ☐ PSRP 2 – Air drying
- ☐ PSRP 3 – Anaerobic digestion
- ☐ PSRP 4 – Composting
- ☐ PSRP 5 – Lime stabilization

◯ HAR 11-62-46(c), Domestic septage

c. Describe in detail the treatment processes used at your facility to reduce pathogens in wastewater sludge: (Additional sheets may be attached as needed)

_____

d. Which vector attraction reduction option is met for the wastewater sludge at your facility?

- ☐ 40 CFR 503.33(b)(1) – Option 1, 38% minimum reduction in volatile solids reduction
- ☐ 40 CFR 503.33(b)(2) – Option 2, Bench-scale anaerobic digestion
- ☐ 40 CFR 503.33(b)(3) – Option 3, Bench-scale aerobic digestion
- ☐ 40 CFR 503.33(b)(4) – Option 4, Aerobic digestion, SOUR
- ☐ 40 CFR 503.33(b)(5) – Option 5, Aerobic digestion, 14 days @ >40°C
- ☐ 40 CFR 503.33(b)(6) – Option 6, Alkaline stabilization
- ☐ 40 CFR 503.33(b)(7) – Option 7, Drying stabilized solids to ≥ 75%
- ☐ 40 CFR 503.33(b)(8) – Option 8, Drying unstabilized solids to ≥ 90%
- ☐ 40 CFR 503.33(b)(9) – Option 9, Injection
- ☐ 40 CFR 503.33(b)(10) – Option 10, Incorporation
- ☐ 40 CFR 503.33(b)(11) – Option 11, Surface disposal at end of day
- ☐ 40 CFR 503.33(b)(12) – Option 12, Domestic septage pH

e. Describe in detail the treatment process used at your facility to reduce vector attraction in the wastewater sludge: (Additional sheets may be attached as needed)

_____

4. Pollutant Concentration

Using the table below, provide wastewater sludge monitoring data for the pollutants listed. All data must be based on three or more samples taken at least one month apart and must be no more than four years old. Also, provide the maximum value of the three samples, the analytical method used, and the detection level for the analyses. Submit copies of laboratory data sheets.

Pollutant	Average Concentration (mg/kg dry weight)	Maximum Value (mg/kg dry weight)	Analytical Method	Detection Level for Analysis
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

5. Exceptional Quality Sludge

Complete this section if your facility produces exceptional quality sludge. Exceptional quality sludge means your sludge met one of the Class A pathogen alternatives, met one of the vector attraction reduction options 1-8, and met the relevant pollutant concentration limits.

a. Total per 365-day period of exceptional quality is applied in bulk to the land:

_____ dry metric tons

b. If part a is greater than zero, provide the agronomic rate of the land below: (Submit documentation on how the agronomic rate was determined)

_____ dry metric tons/acre

c. Total per 365-day period of exceptional quality is placed in bags or other containers for sale or give-away for application to the land:

_____ dry metric tons

d. Attach a copy of all labels or notices that accompany the wastewater sludge for application to the land. If part a is greater than zero, please include a copy of a nutrient balance report.

_____

6. Shipment Off-Site for Treatment or Blending

Complete this section if your facility ships wastewater sludge to an off-site facility for treatment or blending. Provide the requested information for each facility you send your wastewater sludge to for treatment or blending.

Off-Site Facility Name: _____

Mailing Address: _____

City, State, and Zip Code: _____

Street Address: _____

City, State, and Zip Code: _____

Contact Person: _____

Position Title: _____

Email: _____

Phone No.: _(_____)_____

Total amount of wastewater sludge shipped to this facility per 365-day period:

_____ dry metric tons

Describe any treatment processes known to occur at this off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics: (Additional sheets may be attached as needed)

_____

_____

SECTION C: DISPOSAL IN MUNICIPAL SOLID WASTE LANDFILL FACILITY

Complete this section if you generate or treat wastewater sludge that is disposed into a municipal solid waste landfill facility (MSWLF). Provide the following information for each MSWLF where you dispose your wastewater sludge.

1. Facility Name: _____

   Mailing Address: _____

   City, State, and Zip Code: _____

   Street Address: _____

   City, State, and Zip Code: _____

   Contact Person: _____

   Position Title: _____

   Email: _____

   Phone No.: _(_____)_____

   Total amount of wastewater sludge disposed to this facility per 365-day period:

   _____ dry metric tons

2. List all other relevant federal, state and local permits that regulate the operation of this municipal solid waste landfill (e.g., Solid Waste permits, NPDES permits, etc.):

Permit Type	Permit Number
_____	_____
_____	_____

3. Submit copies of the permits listed in part 2 as attachments.

   _____

4. Does the municipal solid waste landfill comply with the applicable criteria set forth in 40 CFR Part 258?

   ◯ Yes ◯ No

SECTION D: BULK APPLICATION OF NON-EXCEPTIONAL QUALITY OR DOMESTIC WASTEWATER SLUDGE TO LAND

Complete this section if you:

- generate or treat wastewater sludge that is applied to the land in bulk as non-exceptional quality or domestic sludge, or
- own the land or operate the bulk application of non-exceptional quality or domestic sludge to the land.

If any of the following conditions apply, fill out Section B instead:

- The wastewater sludge met the criteria for exceptional quality sludge (complete section B5 instead).
- You provide the wastewater sludge to another facility for treatment or blending (complete section B6 instead).

1. Total amount of wastewater sludge applied to the land in bulk per 365-day period:

   _____ dry metric tons

2. Are there land application sites that cannot be identified at the time of submitting this application?

   ◯ Yes ◯ No

   If “Yes”, please submit a land application plan per HAR 11-62-54.01(b)(9):

   _____

3. Are any land application sites located outside of Hawaii?

   ◯ Yes ◯ No

   If “Yes”, please describe how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

   _____

4. Submit a copy of the notice that is required, under HAR 11-62-43(e), to be sent to the land applier and landowner of the application site:

   _____

5. For <u>each</u> land application site, please provide the following information:

   a. <u>Land Application Site Information</u>

      Site Name: _____

      Street Address: _____

      City, State, and Zip Code: _____

      Contact Person: _____

      Position Title: _____

      Email: _____

      Phone No.: _(_____)_____

      Tax Map Key (9-digits): _____

      Latitude: _____ Longitude: _____

Is the land application site located inland of the Underground Injection Control (UIC) line?

◯ Yes ◯ No

b. Owner Information

Owner Name: _____

Mailing Address: _____

City, State, and Zip Code: _____

Email: _____

Phone No.: _(_____)_____

c. Applier Information

Applier Name: _____

Mailing Address: _____

City, State, and Zip Code: _____

Email: _____

Phone No.: _(_____)_____

d. Source Information

Provide information on the facility that the wastewater sludge was obtained from:

Facility Name: _____

Street Address: _____

City, State, and Zip Code: _____

Email: _____

Phone No.: _(_____)_____

e. Site Information

Identify the type of land application site from among the following:

☐ Agriculture ☐ Forest ☐ Public contact site ☐ Reclamation site ☐ Other

If “Other”, please describe: _____

What type of crop or other vegetation is growing on this site?

_____

What is the Nitrogen requirement for this crop or vegetation?

_____

Submit the Nitrogen balance calculations:

_____

f. Pollutant Concentration

If Section B was not filled out, using the table below, provide wastewater sludge monitoring data for the pollutants listed. All data must be based on three or more samples taken at least one month apart and must be no more than four years old. Also, provide the maximum value of the three samples, the analytical method used, and the detection level for the analyses. Submit copies of laboratory data sheets.

Pollutant	Average Concentration (mg/kg dry weight)	Maximum Value (mg/kg dry weight)	Analytical Method	Detection Level for Analysis
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

g. Vector Attraction Reduction

Which vector attraction reduction option is met for the wastewater sludge at the land application site?

- ☐ 40 CFR 503.33(b)(1) – Option 1, 38% minimum reduction in volatile solids reduction
- ☐ 40 CFR 503.33(b)(2) – Option 2, Bench-scale anaerobic digestion
- ☐ 40 CFR 503.33(b)(3) – Option 3, Bench-scale aerobic digestion
- ☐ 40 CFR 503.33(b)(4) – Option 4, Aerobic digestion, SOUR
- ☐ 40 CFR 503.33(b)(5) – Option 5, Aerobic digestion, 14 days @ >40°C
- ☐ 40 CFR 503.33(b)(6) – Option 6, Alkaline stabilization
- ☐ 40 CFR 503.33(b)(7) – Option 7, Drying stabilized solids to ≥ 75%
- ☐ 40 CFR 503.33(b)(8) – Option 8, Drying unstabilized solids to ≥ 90%
- ☐ 40 CFR 503.33(b)(9) – Option 9, Injection

☐ 40 CFR 503.33(b)(10) – Option 10, Incorporation

☐ 40 CFR 503.33(b)(11) – Option 11, Surface disposal at end of day

☐ 40 CFR 503.33(b)(12) – Option 12, Domestic septage pH

Describe the treatment processes used at the land application site to reduce vector attraction properties of the wastewater sludge: (Additional sheets may be attached as needed)

_____

h. Site Restrictions

Approximate depth to the groundwater: _____

Provide any available groundwater monitoring data: (Additional sheets may be attached as needed)

_____

Which class of pathogen reduction was met prior to the wastewater sludge being applied to the land application site?

◯ Class A ◯ Class B ◯ Neither

Describe all management practices indicating how the spacing and site restrictions and the management requirements in HAR 11-62-43(g) and (h) will be met:

_____

SECTION E: SURFACE DISPOSAL

Complete this section if you:

- generate or treat/process wastewater sludge that is placed in a surface disposal site, or
- own or operate a surface disposal site.

Provide the following information for each active sewage sludge unit.

1. Total amount of wastewater sludge that is surface disposed to this active sewage sludge unit per 365-day period:

   _____ dry metric tons

2. Surface Disposal Site Information

   Off-Site Facility Name: _____

   Mailing Address: _____

   City, State, and Zip Code: _____

   Street Address: _____

   City, State, and Zip Code: _____

   Contact Person: _____

   Position Title: _____

   Email: _____

   Phone No.: _(_____)_____

   Tax Map Key (9-digits): _____

   Latitude: _____ Longitude: _____

   Is the land application site located inland of the Underground Injection Control (UIC) line?

   ◯ Yes ◯ No

3. Active Wastewater Sludge Unit

   a. Total amount of wastewater sludge that has been surface disposed to this wastewater sludge unit over the life of this unit:

      _____ dry metric tons

   b. Does the active wastewater sludge unit have a liner and leachate collection system?

      ◯ Yes ◯ No

   c. If you answered “Yes” to part a, provide the following information:

      Does the active wastewater sludge unit have a liner with a maximum hydraulic conductivity of 1 x 10-7 cm/sec?

      ◯ Yes ◯ No

Describe the liner: _____

_____

Describe the leachate collection system and the method used for leachate disposal:

_____

Provide the type and identification number of any federal, state, or local permits for the leachate disposal:

Permit Type	Permit Number
_____	_____
_____	_____

d. If you answered “No” to part a, provide the following information:

Is the boundary of the active wastewater sludge unit less than 150 meters from the property line of the surface disposal site?

◯ Yes ◯ No

What is the distance between the boundary of the active wastewater sludge unit and the property line of the surface disposal site?

_____ meters (additional monitoring required if less than 150 meters)

What is the remaining capacity of the active wastewater sludge unit?

_____ dry metric tons

What is the anticipated closure date for the wastewater sludge unit, if known?

_____

Provide a copy of any closure plan that has been developed for this active wastewater sludge unit: (Additional sheets may be attached as needed)

_____

e. If you answered “No” to part a, using the table below, provide wastewater sludge monitoring data for the pollutants listed. All data must be based on three or more samples taken at least one month apart and must be no more than four years old. Also, provide the maximum value of the three samples, the analytical method used, and the detection level for the analyses. Submit copies of laboratory data sheets.

Pollutant	Average Concentration (mg/kg dry weight)	Maximum Value (mg/kg dry weight)	Analytical Method	Detection Level for Analysis
Arsenic				
Chromium				
Nickel				

f. Vector Attraction Reduction

Which vector attraction reduction option is met for the wastewater sludge at the land application site?

- ☐ 40 CFR 503.33(b)(1) – Option 1, 38% minimum reduction in volatile solids reduction
- ☐ 40 CFR 503.33(b)(2) – Option 2, Bench-scale anaerobic digestion
- ☐ 40 CFR 503.33(b)(3) – Option 3, Bench-scale aerobic digestion
- ☐ 40 CFR 503.33(b)(4) – Option 4, Aerobic digestion, SOUR
- ☐ 40 CFR 503.33(b)(5) – Option 5, Aerobic digestion, 14 days @ >40°C
- ☐ 40 CFR 503.33(b)(6) – Option 6, Alkaline stabilization
- ☐ 40 CFR 503.33(b)(7) – Option 7, Drying stabilized solids to ≥ 75%
- ☐ 40 CFR 503.33(b)(8) – Option 8, Drying unstabilized solids to ≥ 90%
- ☐ 40 CFR 503.33(b)(9) – Option 9, Injection
- ☐ 40 CFR 503.33(b)(10) – Option 10, Incorporation
- ☐ 40 CFR 503.33(b)(11) – Option 11, Surface disposal at end of day
- ☐ 40 CFR 503.33(b)(12) – Option 12, Domestic septage pH

Describe the treatment processes used at the land application site to reduce vector attraction properties of the wastewater sludge: (Additional sheets may be attached as needed)

_____

g. Pathogen Reduction

Which class of pathogen reduction was met prior to the wastewater sludge being applied to the land application site?

◯ Class A ◯ Class B ◯ Neither

Describe all management practices indicating how the spacing and site restrictions and the management requirements in 40 CFR 503.24 will be met:

_____

h. Site Restrictions

Approximate depth to the groundwater: _____

Provide any available groundwater monitoring data: (Additional sheets may be attached as needed)

_____

i. If you own or operate the surface disposal site, provide the following information for each facility that sends wastewater sludge to your surface disposal site:

Facility Name: _____

Mailing Address: _____

City, State, and Zip Code: _____

Street Address: _____

City, State, and Zip Code: _____

Contact Person: _____

Position Title: _____

Email: _____

Phone No.: _(_____)_____

Total amount of wastewater sludge that has been received from this facility per 365-day period:

_____ dry metric tons

j. Groundwater Monitoring

Has a ground-water-monitoring program or certification been prepared by a qualified groundwater scientist that demonstrates that the placed sewage sludge is not and will not be contaminate the aquifer?

◯ Yes ◯ No

If yes, submit a copy of the ground-water-monitoring program or the certification:

_____

SECTION F: CERTIFICATION
All applicants must complete this section. Do not alter the statements found in this section of the form. Alteration of the statements found in this section will result in the denial of your registration form.

1. Indicate which parts of the application form you have completed and are submitting:

- ☐ Section A: General Information*
- ☐ Section B: Generation of Sludge or Preparation of a Material Derived from Sludge
- ☐ Section C: Disposal in Municipal Solid Waste Landfill Facility
- ☐ Section D: Bulk Application of Non-Exceptional Quality Wastewater Sludge to Land
- ☐ Section E: Surface Disposal
- ☐ Section F: Certification*

* Sections that are required for all types of permit applications.

2. The person certifying this registration form must meet one of the descriptions as indicated in this section and be employed or contracted by the owner. Indicate <u>one</u> of the following:

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

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.

Signature: _____ Date: _____

Printed Name: _____ Position/Title: _____

Company/Organization Name: _____

Phone No.: _(_____)_____

Email: _____

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.

3. Fees and Payments

Only checks or money orders will be accepted. **NO CASH**. Fees and payments should be made payable to **STATE OF HAWAII**.

Select one of the payment options below that you are choosing to use for this form:

☐	Permit for a new or existing facility……..…….……	$1000
☐	Substantial modification to or revoke and reissue an existing permit…….……	$1000
☐	Renew an existing permit.…….……...	$1000
☐	Only a minor modification…….……..	$100
☐	Only change ownership (e.g., modifying owner info, operator info)…..……...	$25

SEND COMPLETED FORMS AND THE APPROPRIATE APPLICATION FEE TO:

State of Hawaii
Wastewater Branch
2827 Waimano Home Road #207
Pearl City, HI 96782
