APPLICATION FOR A PRIVATE STORM DRAIN CONNECTION AND/OR DISCHARGE PERMIT TO THE STATE OF HAWAII HIGHWAYS DIVISION STORM DRAIN SYSTEM

Application Date ______________________, 20______

Pursuant to Hawaii Revised Statutes, Chapter 264, as amended, applicant hereby requests a permit for a private storm drain connection(s) and/or discharge(s) to the State of Hawaii Highways Division Storm Drainage System. The pertinent information on the storm drain system located on this property is as follows:

1. Name of Highway/Route No.: ______________________________________________________________

2. Tax Map Key: ________________________________________________________________

3. Location: ________________________________________________________________

4. Check type of permit being applied for:

   [ ] Connection   [ ] Discharge

1. Brief description of connection(s) and/or discharge serving this property. (For each connection, provide size, type of discharge, flow rate and Drainage Report.)
2. Does your property/facility generate storm water associated with “industrial activity”? If so, submit analysis of a storm water sample performed by a laboratory acceptable to the State within one (1) year after the date of the connection.

3. Does your property/facility associated with the drain connection require National Pollutant Discharge Elimination System (NPDES) permit/permit coverage? If so, attach a copy of the NPDES permit/permit coverage.

4. If your property/facility requires an NPDES permit coverage, install permanent best management practices (BMPs) and provide written documents for future maintenance of the permanent BMPs. If permanent BMPs are not included, submit specific documentation demonstrating that they are not practical.

CONTACT PERSON:

Name: ________________________________________________________________

Title: __________________________________________________________________

Company Name: __________________________________________________________________

Company Address: __________________________________________________________________

City, State, Zip Code: __________________________________________________________________

Telephone Number: __________________________________________________________________

Fax Number: __________________________________________________________________