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

PERMIT BY RULE APPLICATION FOR CERTAIN SOLID WASTE MANAGEMENT FACILITIES

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, the site plan, operations narrative, Attachments P-5 and 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. Type of Facility (check one)

A. _____ Convenience center (residential transfer station, <40 tons/day)
B. _____ Greenwaste composting facility (<3,000 tons/year)
C. _____ Land clearing, grubbing, and certain agricultural or inert waste landfill
D. _____ Recycling drop-off and single source-separated processing facility

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

_____
_____
_____

IV. 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_____

V. 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:
_____

VI. 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. We also understand that we are responsible to construct and operate the facility in accordance with the conditions listed in Hawaii Administrative Rules Chapter 11-58.1-04(i), and any other conditions that may be specified by the Department.

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. Site Plan attached: Yes_____ No_____
Operations Narrative attached: Yes_____ No_____
Attachment P-5 attached: Yes_____ No_____
Attachment P-6 attached: Yes_____ No_____

XIII. Action on application: Approved:_____
Disapproved:_____
Conditional Approved:_____

XIV. Date of action on application:_____

XV. Permit number:_____

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[1]

Please complete this brief survey regarding your experience applying for each environmental permit. For each question, circle the most appropriate number from 1 (strongly disagree) to 5 (strongly agree). After completing this anonymous survey, please fold and mail to the address on back, or fax it to 808-586-7236.

❑ *Please keep my survey confidential.*

Permit type: Solid Waste Facility:_____ I am the ❑ owner/manager ❑ consultant.

	Strongly Disagree				Strongly Agree	
1) Information requests on the application form were easy to understand.	1	2	3	4	5	N/A
Please specify which items, if any, were particularly unclear:						
2) Explanations with the application form were helpful.	1	2	3	4	5	N/A
Please specify which items, if any, were not helpful:						
3) Information on the Internet was helpful.	1	2	3	4	5	N/A
Please specify which items, if any, you were unable to find on the DOH's Internet site (http://hawaii.gov/health/environmental/):						
4) When I needed assistance, staff were helpful.	1	2	3	4	5	N/A
Please specify the name(s) of any staff you spoke with, including how prompt and helpful they were.						

[1] Surveys are collected and secured by the DOH Compliance Assistance Office (CAO), a non-regulatory office that assists businesses in following regulations. Surveys requesting confidentiality will not be shown to the permitting authority; however, a summary of the comments and scores will be shown to the pertinent regulatory office. Contact CAO at 808-586-4528 with any questions.

5) I was able to provide all of the information requested on the application form before submitting it. 1 2 3 4 5 N/A

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

6) If applications were on the Internet or other electronic means, I would apply on-line. Yes No N/A

7) I would like to attend training in how to properly complete this type of permit application and to insure that I comply with regulations. Yes No N/A

Please contact the Compliance Assistance Office (808-586-4528) for training opportunities.

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

- ❑ Easy application forms
- ❑ Clear instructions
- ❑ Personal assistance
- ❑ Internet resources
- ❑ Training
- ❑ Low fees
- ❑ Easy permit conditions
- ❑ Quick approval
- ❑ Low cost of compliance

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

Fold here to mail

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

Place Stamp Here

Compliance Assistance Office
919 Ala Moana Blvd., 3rd Floor
Honolulu, HI 96814