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

PERMIT APPLICATION FOR TRANSPORTATION OF PETROLEUM-CONTAMINATED SOIL (PCS) (ONE-TIME EVENT)

Part I – General Instructions

A. Hawaii Revised Statutes, Chapter 342H, Section 4.5 states that no person shall transport any PCS without a permit issued under section 342H-4; except that no permit shall be required for the transport of PCS to a permitted soil remediation facility if the transporter provides written notification to the department at least forty-eight hours in advance of any proposed transportation of PCS and abides by any transportation guidelines set by the department.

B. Complete this application and submit the original application package to:

Department of Health
Environmental Management Division
Solid and Hazardous Waste Branch
P.O. Box 3378
Honolulu, Hawaii 96801-3378

Completed applications are necessary in order that the review and analysis of your application for a solid waste management permit not be delayed.

C. Confidential Information. Section 342H-14, Hawaii Revised Statutes, states that permit applications and reports on the disposal or management of solid waste submitted to the Department shall be made available for inspection by the public during established office hours unless such report contain information of a confidential nature concerning secret processes or methods of manufacture. If you feel the information, or a part thereof, that you submit to the Department warrants confidentiality, the applicant shall identify in writing the specific information asserted to be confidential, including a justification of that assertion for Department review. All information not asserted to be confidential by the applicant shall be treated as public report.

D. If you have any questions, please call the Solid Waste Section at (808) 586-4226. Our staff is available to assist you in understanding exactly what information and detail is requested in the application.

Part II – Application Information

This permit application was developed in accordance with the requirements of Hawaii Revised Statutes (HRS) Chapter 342H.

I. Contact Information

A. Name and mailing address of the applicant (transporter):

_____

_____

_____Telephone:_____

B. Name and address of the property owner or operator of the PCS generation location:

_____

_____

_____Telephone:_____

C. Name and address of the owner or operator of the PCS receiving location:

_____

_____

_____Telephone:_____

II. General Information

A. Facility Information (Source of PCS)
Facility Name: _____
Address: _____
_____
Tax Map Key: _____

B. PCS removal is being performed under the following regulations (check one):
___ RCRA Hazardous Waste
___ CERCLA/Hawaii Environmental Response
___ UST/LUST Regulations
___ Other. Describe: _____

C. Removal Information
a. Estimated quantity of PCS: _____ cubic yards
b. Removal date(s): _____ (month/day/year)
c. Transportation date(s): _____ (month/day/year)
d. Hours of operation: _____

III. Location Drawing and Transportation Route

Provide a location drawing indicating the location of the property and the transportation route that will be taken.

IV. Public Interest Statement

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. Describe the proposed action and explain why it should be considered to be in the public interest, as defined in HRS 342H-4(c).

_____
_____
_____
_____
_____
_____

V. Petroleum-Contaminated Soil Origin Information

A. Describe the release/source of contamination.

_____
_____
_____
_____
_____

B. Summarize waste profiling information and analytical testing results for the PCS.

_____
_____
_____
_____
_____

VI. Petroleum-Contaminated Soil Transportation and Destination Information

A. Transportation Controls
Describe measures and controls that will be implemented to control dust during transport (such as covering of loads).

_____
_____
_____
_____

B. Destination Identification
Facility Name: _____
Location Address: _____
_____
Solid Waste Management Permit No.: _____

VII. Certification by Applicant:

I, _____, _____
(print name) (print title)

certify that I 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. I further state that I will assume responsibility for the transportation of PCS in accordance with Hawaii Revised Statutes, 342H, and any permit issued thereof.

If the applicant 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:_____ Signature: _____
Title: _____
Company Name: _____
Address: _____
Telephone: _____

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

VIII. Date application received:_____

IX. Received by:_____

X. Application number:_____

XI. Evaluating Official:_____

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

XIII. Date of action on application:_____

XIV. Permit number:_____

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