

Appendix G1: Industrial and Commercial Inspection Report



DEPARTMENT OF ENVIRONMENTAL SERVICES
CITY AND COUNTY OF HONOLULU
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INDUSTRIAL / COMMERCIAL INSPECTION REPORT

As part of its responsibilities under the Federal Clean Water Act, the City Department of Environmental Services is making inspections of industrial / commercial properties which may have discharges to the City storm drain system. If you have any questions, please contact the investigator whose name appears at bottom.

Date: _____ State-Receiving Water: _____

Official use only	
TMK: _____	SIC Code: _____

Site address (industrial area): _____

Name of firm: _____

Storm Water Contact Person (title): _____ Phone No: _____

Description of Business: _____

SIC Code Description: _____

Does facility need NGPC, NPDES or No-exposure certification (based on Standard Industrial Classification – SIC code) ☐ Yes ☐ No

If facility has Notice of General Permit Coverage (NGPC) or any applicable NPDES Permit Coverage:

Permit Number: _____ Issue Date: _____

Storm Water Pollution Control Plan and Notice of Intent located at site: ☐ Yes ☐ No

Drain Connection to the City MS4: ☐ Yes ☐ No Drain Connection License: # _____

Storm Water from Facility goes to: Street: ☐ Yes ☐ No Drainage Ditch: ☐ Yes ☐ No Other: _____

DEFICIENCIES FOUND AT FACILITY: ☐ YES ☐ NO **CORRECT BY:** _____

☐ Illicit Discharge to City's storm drain system:
Discharge ☐ Oil ☐ Grease ☐ Wash water ☐ Soil / Sediment ☐ Other _____

Location of discharge _____

☐ Unlicensed private storm drain connection to the City's storm drain system. Contact the Department of Planning and Permitting at 768-8106 to obtain license. You must obtain license within 90 days.

Location of drainage connection: _____

☐ NPDES Permit or No Exposure Certification Required. Contact the State Department of Health Clean Water Branch at 586-4309 to obtain permit or certification.

GPS Coordinates of discharge Point: Lat: _____ Long: _____

☐ Other _____

Directives / Recommendations: _____

NOTIFY THE STORM WATER QUALITY BRANCH INVESTIGATOR WHEN CORRECTIVE ACTION IS COMPLETED

Signature / Printed Name of Investigator

Phone

Site Visit:

1. Does the facility store chemical(s) that may enter the MS4 (oil – motor or cooking, hydraulic fluid, paint, etc.) ☐Yes ☐No

Where are the chemicals located (storage cabinet, flammable container)? _____

What types of chemicals are stored? _____

For facilities with chemicals are there Material Safety Data Sheets (MSDS) onsite? ☐Yes ☐No

Are MSDS sheets located near chemicals? ☐Yes ☐No

-Note MSDS sheets provide information on:

- Accidental Release measures (Environmental precautions and methods for cleaning up)
- Good housekeeping practices on handling and storage.

Are the containers labeled? ☐Yes ☐No _____

How are the chemicals disposed of? _____

Best Management Practices (BMP's): _____

- Spill Kits ☐
- Secondary containment ☐
- Oil Recycling Practice ☐
- Employee Training ☐
- Other: _____

2. Does facility have Permanent BMP's: ☐Yes ☐No

Type:

- Oil / Water Separator ☐
- Hydrodynamic Separator ☐
- Vegetative Swale ☐
- Other: _____

Maintenance: _____

3. Are there automotive batteries on site? ☐Yes ☐No

Are batteries stored with overhead cover or secondary containment? ☐Yes ☐No

4. Does facility maintain or wash vehicles ☐Yes ☐No Water goes to: _____

5. Dumpsters used by Facility: ☐Yes ☐No

- Is the refuse dumpster communal ☐Yes ☐No
- Are dumpsters covered? ☐Yes ☐No
- Condition of dumpster or disposal area: ☐Good ☐Fair ☐Poor

6. Overall Housekeeping Practices (includes failure to properly contain possible contaminants, cleaning of spills and leaks, trash pickup, condition of gutters, conditions of catch basins, etc.):

Facility Conditions: ☐Good ☐Fair ☐Poor _____

Outside Conditions: ☐Good ☐Fair ☐Poor _____

7. Informational sheet(s) given to manager or point of contact ☐Yes ☐No

Notes: _____
