



LIQUID WASTE HAULER MONTHLY ACTIVITY SUMMARY

Due in ENV office on or before the 15th of the month

E-MAIL RETURN ADDRESS: envlwh@honolulu.gov Fax to: 768-1553

COMPANY NAME	
PERMIT NUMBER	
TELEPHONE NUMBER	
STREET ADDRESS	
CITY / STATE / ZIP	
MONTH / YEAR	

MONTHLY PICK UP DATA TOTAL

NUMBER OF STOPS	TOTAL GALLONS PICKED UP
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MONTHLY DISCHARGE TO CITY SYSTEM

LOCATION	NUMBER OF DISCHARGES	GALLONS DISCHARGED
SAND ISLAND SITE		
KAILUA SITE		
PEARL CITY SITE		
HONOLULU SITE		
WAIANAE SITE		
KANEOHE SITE		
KAHUKU SITE		

TOTALS		
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MONTHLY DISCHARGE TO OTHERS

NAME OF COMPANY OR SITE	NUMBER OF STOPS	GALLONS / POUNDS

"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 fines and imprisonment for knowing violations."

SIGNATURE: _____ **PRINTED NAME:** _____

DATE SIGNED: _____