



State of Hawaii, Department of Health, Clean Water Branch

**Signatory and Certification Statement to
National Pollutant Discharge Elimination System (NPDES)
Permit Applications**

Alteration of the following text will result in the invalidation of this Statement. The person signing this Statement must meet one of the following descriptions.

Date of Cover Letter: _____

Name of Facility: Keaau-Pahoa Road, Shoulder Lane Conversion Keaau Bypass to Shower Dr., STP-0130(28)

Description of Document: Keaau-Pahoa Road Individual NPDES Permit

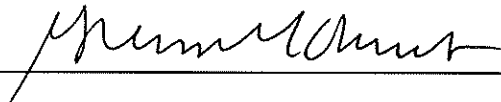
- ☒ I certify that for a municipal agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a state agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a non-federal public agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a federal agency, I am the chief executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.
- ☐ I certify that I am a general partner for a partnership.
- ☐ I certify that I am the proprietor for a sole proprietorship.
- ☐ I certify that for a corporation, I am the President, Vice President, Secretary, or Treasurer of the corporation and in charge of a principal business function, or I perform similar policy or decision-making functions for the corporation.
- ☐ I certify that for a corporation, I am the Manager of one or more manufacturing, production, or operating facilities and am authorized to make management decisions which govern the operation of the regulated facility or facilities including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations. I can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.
- ☐ I certify that for a trust, I am a trustee.
- ☐ I certify that for a limited liability company (LLC), I am the Manager or a Member authorized to make management decisions for the LLC and am in charge of a principal business function, or I perform similar policy or decision-making functions for the LLC.

Certification Statement continued on next page.

Certification Statement (continued)

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 fine and imprisonment for knowing violations.

Signature: _____



Date: DEC 08 2011

Printed Name & Title: Mr. Glenn M. Okimoto, Ph.D., Director of Transportation

Company/Organization Name: State of Hawaii, Department of Transportation

Phone No.: (808) 587-2150

Fax No.: (808) 587-2167