Date:

Attachment E3 – HDOT Inspection Report for In-Water Work (IWPPP Section 7.2.12A)

## HDOT INSPECTION REPORT FOR IN-WATER WORK (IWPPP SECTION 7.2.12A)

DA File No.:

Use this inspection report for daily in-water visual inspections and photographs.

DOH File No.:

Kuhio Highway Repairs to Wailua River Bridge			HDOT Project No.:	ER-23(001)
		Inspector Title:		
xx, xx %, Wind: x mph  Rain Gauge Location			Rainfall in the Past 24 Hours (inches)	0.xx @ x:xx a.m.
	outside the is	solated and confine	d work area.	
Is there a Turbid Plume?  If yes, stop work immediately and investigate the source of the plume. Follow the procedures in Section 7.2.12A Procedures for Inspection, Maintenance, and Corrective Actions for In-Water Work Areas.				
	rge?			
r control is clearly not operation that a storm water control is ce?	ng as			
		☐ Attached ☑ Inserted		
	xx, xx F. Wind: x mph  ons below apply to the area wing from the site?  urbid Plume?  work immediately and investigate plume. Follow the procedures occdures for Inspection, Mainted Actions for In-Water Work Area ony other indicators of a discharge for the discharge for control is clearly not operating.	Rain Gauge Location  ons below apply to the area outside the inwing from the site?  urbid Plume?  work immediately and investigate the plume. Follow the procedures in Section ocedures for Inspection, Maintenance, and Actions for In-Water Work Areas.  ny other indicators of a discharge?  ribe.  ected reason for the discharge that a er control is clearly not operating as rethat a storm water control is in need of ce?  ribe.  en during the BMP inspection d above are:	xx, xx % Wind: x mph  Rain Gauge Location  ons below apply to the area outside the isolated and confined wing from the site?  urbid Plume?  work immediately and investigate the see plume. Follow the procedures in Section ocedures for Inspection, Maintenance, and Actions for In-Water Work Areas.  In yother indicators of a discharge?  wibe.  ceted reason for the discharge that a cer control is clearly not operating as or that a storm water control is in need of ce?  wibe.  In during the BMP inspection d above are:  □ Attached ☑ Inserted	Kuhio Highway Repairs to Wailua River Bridge  Project No.:  Inspector Title:  xx, xx №, Wind: x mph  Rain Gauge Location  Rainfall in the Past 24 Hours (inches)  ons below apply to the area outside the isolated and confined work area.  wing from the site?  urbid Plume?  work immediately and investigate the plume. Follow the procedures in Section occedures for Inspection, Maintenance, and Actions for In-Water Work Areas.  In you other indicators of a discharge?  wibe.  etected reason for the discharge that a errontrol is clearly not operating as rethat a storm water control is in need of the?  wibe.  Attached  Attached  Inserted

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# Location Map

HDOT Project No:	ER-23(001)	DOH File No.:		DA File No.:	
Project Name:	Kuhio Highway Repairs to Wailua River Bridge				
Project Location:					

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### **Photos**

Photo No.:	1	DOH File No.:		DA File No.:	
Project Name:	Kuhio Highway R	Repairs to Wailua	River Bridge	HDOT Project No:	ER-23(001)
Photographer:				Time of Photo:	
Description:					

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### **Photos**

Photo No.:	2	DOH File No.:		DA File No.:	
Project Name:	Kuhio Highway R	Repairs to Wailua	River Bridge	HDOT Project No:	ER-23(001)
Photographer:				Time of Photo:	
Description:					

### **Photos**

Photo No.:	3	DOH File No.:		DA File No.:	
Project Name:	Kuhio Highway F	Repairs to Wailua	River Bridge	HDOT Project No:	ER-23(001)
Photographer:				Time of Photo:	
Description:					

#### Certification

Signature:

I certify that I am the person who performed the inspection documented in this report and that all information recorded in this report is a true and accurate representation of what was observed at the construction site. Any photographs attached that were taken during the inspection are a true, accurate, and unaltered representation of what was observed during the inspection documented in this report.

Inspector's Printed Name:	Title:
Inspector's Signature:	Date of
	Inspection:

#### Certifying Person and Authorized Representative

The certifying person and duly authorized representative shall meet the requirements of Hawaii Administrative Rules 11-55, Appendix A, Section 15.

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.

Date:

	<del> </del>				
Duly Authorized Person's Name:	Lawrence J. Dill				
Duly Authorized Person's Position Title:	Kauai District Engineer				
Duly Authorized Person's Company or Agency:	Department of Transportation				
Department:	Department of Transportation				
Division:	Department of Transportation, Highways Division				
Phone Number:	(808) 241-3006 Fa	ax No.:	(808) 241 -30		
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