



CWB NOI General Form for Appendix C

Previously assigned
NGPC File No
(for renewal NOI only): HI _____

Automatic
Coverage
(for New NOI
only)

☐

I elect to **claim** automatic coverage
per HAR, Section 11-55-34.09(f).

☐

I elect to **waive** automatic coverage
per HAR, Section 11-55-34.09(g).

1. Owner Information

Owner Legal Name State of Hawaii

Owner Department Transportation

Owner Division Highways

Owner Mailing Address 869 Punchbowl Street

Owner Mailing City Honolulu Owner Mailing State HI Owner Mailing Zip+4 96813-5097

Owner Street Address 869 Punchbowl Street

Owner City Honolulu Owner State HI Owner Zip+4 96813-5097

Owner Contact Person First Name Stanford Owner Contact Person Last Name Iwamoto

Owner Contact Person Position Title Design Engineer, DOT Kauai District

Owner Phone No (808) 241-3015 Owner Fax No (808) 241-3011

Owner Contact Person Email stanford.m.iwamoto@hawaii.gov

2. Owner Type Municipal

Options for Owner Type:

Industrial - Private Facility or Project
Municipal - City, County, or State Government Facility or Project
Federal - Federal Government Facility or Project
MS4 - Municipal Separate Storm Sewer System

3. Operator or General Contractor Information

- ☒ For CWB-NOI Forms C, F, G, and I only
The general contractor information will be submitted at least 30 calendar days before the start of construction activities.

Operator Legal Name _____

Operator Department _____

Operator Division _____

Operator Mailing Address _____

Operator Mailing City _____ Oper. Mailing State HI Operator Mailing Zip+4 _____

Operator Street Address _____

Operator City _____ Operator State HI Operator Zip+4 _____

Operator Contact Person First Name _____ Oper. Contact Person Last Name _____

Operator Contact Person Position Title _____

Operator Phone No _____ Operator Fax No _____

Operator Contact Person Email _____

4. Facility or Project Information

Facility Legal Name Waimea Canyon Drive/Kokee Road Resurfacing, MP 6.0 to MP 8.5, Fed-Aid Project No. STP-0550(004)

Facility Mailing Address 1720 Haleukana Street

Facility Mailing City Lihue Facility Mailing State HI Facility Mailing Zip+4 96766-9605

Facility Street Address Waimea Canyon Drive/Kokee Road

Facility City Waimea Facility State HI Facility Zip+4 96796-0000

Facility Contact Person First Name Bernie Facility Contact Person Last Name Vargas

Facility Contact Person Position Title Engineer III, DOT Kauai District

Facility Phone No (808) 241-3018 Facility Fax No (808) 241-3011

Facility Contact Person Email bernie.p.vargas@hawaii.gov

Island of Facility Kauai If there are multiple Plat and/or Parcel Numbers, please separate them with semi-colons.
If there are more Tax Map Keys (TMKs), please attach a separate sheet.

TMK Division	Zone	Section	Plat	Parcel or Lot
(4)	1	2	1;2	No Parcel Number (State Highways)

5. Receiving State Water(s) Information

5.a. Number of Receiving State Waters 4 or more - Please attach additional pages with the required information

5.a.i. Receiving Waters Name Waimea River Tributary (Discharge Point # 1)

Receiving Waters Classification

2

Latitude Degrees (N) 022 Latitude Minutes 02 Latitude Seconds 55

Longitude Degrees (W) 159 Longitude Minutes 39 Longitude Seconds 20

5.a.ii. Additional Receiving Waters Name Waimea River Tributary (Discharge Point # 2)

Receiving Waters Classification

2

Latitude Degrees (N) 022 Latitude Minutes 02 Latitude Seconds 38

Longitude Degrees (W) 159 Longitude Minutes 39 Longitude Seconds 28

5.a.iii. Additional Receiving Waters Name Waimea River Tributary (Discharge Point # 3)

Receiving Waters Classification

2

Latitude Degrees (N) 022 Latitude Minutes 02 Latitude Seconds 11

Longitude Degrees (W) 159 Longitude Minutes 39 Longitude Seconds 31

5.b. Receiving Separate Drainage System - Complete the following if the discharge from your facility or project first enters a separate storm drainage system (e.g., City and County of Honolulu Municipal Separate Storm Sewer System [MS4], etc.)

Separate Drainage System Owner Name Department of Transportation, Highways Division (See Supplemental Information Sheet)

Latitude Degrees (N) _____ Latitude Minutes _____ Latitude Seconds _____

Longitude Degrees (W) _____ Longitude Minutes _____ Longitude Seconds _____

☒ Drainage System Owner Approval to Discharge is attached.

☐ The request to the Drainage System Owner for Approval to Discharge is attached. The Approval to Discharge will be submitted at least 30 calendar days before the start of construction activities or discharge, whichever is sooner.

6. Authorized Representative Information - Select authorization under A or B or C or A & C or D. Do not select A & B or B & C - this will cause a delay in the issuance of the NGPC.

- ☒ A. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to submit information/documents necessary to complete the CWB NOI Form for coverage under the NPDES general permit to discharge to State waters from the subject facility. The Owner hereby agrees to comply with and be responsible for all NGPC conditions.
- ☐ B. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to submit information/documents necessary to complete the CWB NOI Form for coverage under the NPDES general permit to discharge to State waters from the subject facility. Our representative is further authorized to submit information/documents for compliance with the NGPC conditions, except submittal of the CWB NOC Form. The Owner hereby agrees to comply with and be responsible for all NGPC conditions.

Representative Company/Organization Name Department of Transportation, Highways Division

Representative Department Department of Transportation, Highways Division

Representative Division Department of Transportation, Highways Division

Representative Mailing Address 869 Punchbowl Street

Rep. Mailing City Honolulu Rep. Mailing State HI Rep. Mailing Zip+4 96813-5097

Representative Street Address 869 Punchbowl Street

Representative City Honolulu Rep. State HI Representative Zip+4 96813-5097

Representative First Name Alvin A. Representative Last Name Takeshita

Representative Position Title Administrator, Highways Division

Representative Phone No (808) 587-2220 Representative Fax No (808) 587-2340

Representative Contact Person Email alvin.a.takeshita@hawaii.gov

- ☒ C. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to submit information/documents for compliance with the NGPC conditions, except submittal of the CWB NOC Form. The Owner hereby agrees to comply with and be responsible for all NGPC Conditions.
- ☐ D. A separate authorization statement is attached, specifying the limited authorization of the representative.

Representative Company/Organization Name Department of Transportation, Highways Division

Representative Department Department of Transportation, Highways Division

Representative Division Department of Transportation, Highways Division

Representative Mailing Address 1720 Haleukana Street

Rep. Mailing City Lihue Rep. Mailing State HI Rep. Mailing Zip+4 96766-9065

Representative Street Address 1720 Haleukana Street

Representative City Lihue Rep. State HI Representative Zip+4 96766-9065

Representative First Name Raymond J. Representative Last Name McCormick

Representative Position Title Kauai District Engineer

Representative Phone No (808) 241-3000 Representative Fax No (808) 241-3011

Representative Contact Person Email raymond.j.mccormick@hawaii.gov

7. Certification - Alteration of this item will result in the invalidation of this CWB-NOI Form submittal. **The person certifying this CWB-NOI Form must meet one of the following descriptions and be employed by the owner or be an administrator of the sole proprietorship, trust, or LLC listed in Item 1.**

<input checked="" type="radio"/>	I certify that for a state agency, I am a principal executive officer or ranking elected official.
<input type="radio"/>	I certify that for a municipal agency, I am a principal executive officer or ranking elected official.
<input type="radio"/>	I certify that for a non-federal public agency, I am a principal executive officer or ranking elected official.
<input type="radio"/>	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.
<input type="radio"/>	I certify that I am a general partner for a partnership.
<input type="radio"/>	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.
<input type="radio"/>	I certify that I am the proprietor for a sole proprietorship.
<input type="radio"/>	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.
<input type="radio"/>	I certify that for a trust, I am a trustee.
<input type="radio"/>	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.

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 Signed _____	
Certifying Person First Name	<u>Glenn M.</u>	Certifying Person Last Name	<u>Okimoto</u>
Certifying Person Position Title	<u>Director of Transportation</u>		
Certifying Person's Company or Agency	<u>Department of Transportation</u>		
Certifying Department	<u>Department of Transportation</u>		
Certifying Division	<u>Department of Transportation, Highways Division</u>		
Certifying Phone No	<u>(808) 587-2150</u>	Certifying Fax No	<u>(808) 587-2167</u>
Certifying Person Email	<u>glenn.m.okimoto@hawaii.gov</u>		

For facilities/projects on the island of Oahu, submit one (1) copy of the CWB NOI General Form, applicable discharge form (e.g., CWB NOI Form C), and supporting documents with the certifying person's original signature and \$500 Filing Fee.

For facilities/projects on the island of Hawaii, submit three (3) copies of the CWB NOI General Form, applicable discharge form (e.g., CWB NOI Form C), and supporting documents. One copy of the CWB NOI General Form shall include the certifying person's original signature and \$500 Filing Fee.

For facilities/projects located on islands other than Oahu and Hawaii, submit two (2) copies of the CWB NOI General Form, applicable discharge form (e.g., CWB NOI Form C), and supporting documents. One copy of the CWB NOI General Form shall include the certifying person's original signature and \$500 Filing Fee.

Submit by Email

Print Form