

CWB Compliance Submittal Form for Individual NPDES Permits and NGPCs

version 9.10

(Submission #: HNA-YPZP-744TN, version 1) < < This submission is currently locked and cannot be revised.

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Summary

Submission #:	HNA-YPZP-744TN	Date Submitted:	1/19/2018 9:12 AM
Form:	CWB Compliance Submittal Form for Individual NPDES Permits and NGPCs	Status:	Accepted
Submitted By:	bernie vargas	Submission Creator:	bernie vargas
Active Steps:			
File/Reference #:	HI R10F425	Reference #:	
Description:	CWB Compliance Submittal Form for Individual NPDES Permits and NGPCs		

Notes

There are currently no Submission Notes.

Details

1. Permit or File Number

Provide the assigned Individual NPDES Permit Number (e.g. HI0021841) or the NGPC File Number (e.g. HIR10E456).

HIR10F425

Enter the Parts of the NPDES permit (e.g. Part A.1.a) or NGPC Condition Numbers (e.g. Condition No. 3.a) that correspond to your submittal. For example: You are submitting a Discharge Monitoring Report as required in Condition No. 2 of your NGPC, and you are submitting a change to the facility contact person information as required in Condition No. 8 of your NGPC. You will enter "Condition No. 2" and "Condition No. 8" in the field below.

Condition No.
8

2. Notification of Start

Notification of the Start of Construction Activities

By completing this section, I am hereby notifying the Director of Health of the CONSTRUCTION start date within seven (7) calendar days before the start of construction activities. I have submitted all NPDES permit/NGPC documents that are required to be submitted at least 30 calendar days before the start of construction.

Construction Start Date

NONE PROVIDED

Notification of Start of Discharge Activities

By completing this section, I am hereby notifying the Director of Health of the DISCHARGE start date within seven (7) calendar days before the start of discharge activities. I have submitted all NPDES permit/NGPC documents that are required to be submitted at least 30 calendar days before the start of discharge.

Discharge Start Date

NONE PROVIDED

3. Notification of Non-Compliance

You are required to immediately call the DOH-CWB Enforcement Section (Tel: 808-586-4309) to report the instance of non-compliance.

You are required to notify the DOH of ALL instances of non-compliance with your NPDES permit or NGPC. Describe the non-compliance below.

NONE PROVIDED

Please describe the actions you have taken to fix the non-compliance. You are required to immediately fix your non-compliance. Non-compliance with any NPDES permit or NGPC requirements is grounds for terminating your NPDES permit or NGPC.

NONE PROVIDED

Attach your incident report. - Attachment(s)

NONE PROVIDED

Comment: NONE PROVIDED

4.a Discharge Monitoring Report (Part 1)

Enter the DMR due date specified on your NPDES permit or NGPC.

NONE

PROVIDED

If you are submitting the DMR after the due date, please explain what actions you will take to prevent this in the future. Immediate remedial action is required. Not submitting a DMR is grounds for terminating your NPDES permit or NGPC.

NONE PROVIDED

Click on the link below for a blank DMR. In the future, all DMRs will be submitted through the EPA NetDMR tool. Please contact the DOH-CWB, Enforcement Section at 808-586-4309 if you are interested in submitting through NetDMR.

[Blank DMR](#)

Click on the link below for DMR instructions.

[DMR Instructions](#)

Upload the DMR (including lab data sheets, QA/QC, etc.) in PDF format. - Attachment(s)

NONE PROVIDED

Comment: NONE PROVIDED

4.b Discharge Monitoring Report (Part 2) (1 of 1)

Provide the parameter with a limitation exceedance.

NONE PROVIDED

Provide the measured concentration and units.

NONE PROVIDED

Provide the NPDES or NGPC limitation and units.

NONE PROVIDED

Provide the reason for the exceedance.

NONE PROVIDED

Describe the action that will be taken to prevent a future exceedance.

NONE

PROVIDED

5. Contact Information (1 of 1)

Select the appropriate contact person.

Owner Contact Person

If you selected "Other" above, please describe the contact person. For example: Dewatering Treatment Designer.

NONE PROVIDED

Contact Person Mailing Address

1720
Haleukana Street
Lihue, Kauai, Hawaii 96766

Contact Person Street Address

1720
Haleukana Street
Lihue, Kauai, Hawaii 96766

Contact Person Salutation

Mr.

Contact Person First Name

Lawrence

Contact Person Last Name

Dill

Contact Person Organization

Department of Transportation

Contact Person Title

District Engineer

Contact Person Email Address

lawrence.j.dill@hawaii.gov

Contact Person Phone Number (e.g., 555-555-5555)

(808) 241-3006

Contact Person Alternate Phone Number (cell) (e.g., 555-555-5555)

(808)
651-6184

Contact Person's Fax number (e.g., 555-555-5555)

(808) 241-3011

If you are submitting and/or revising additional contact information, click the "+" button in the tab area at the top of this section.

6. Authorized Representative Information

Authorization

The Certifying Person hereby 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 NPDES permit or NGPC conditions, except submittal of the Notice of Cessation. The Owner hereby agrees to comply with and be responsible for all NPDES permit or NGPC conditions. The responsibility of the authorized representative cannot be delegated to an outside consultant with no financial responsibility for the company - they cannot sign as the "authorized representative" on behalf of the Owner. This requirement stems from the fact that self-reporting is critical under the Clean Water Act and Hawaii Water Pollution statutes; reports filed with CWB can have serious legal consequences, including possible civil and even criminal liability. The Owner in signing reports, therefore, must be represented by someone

who has some responsibility for the corporation's financial interests. By completing this section, the Certifying Person attests that the authorized representative: 1) meets the requirements of HAR 11-55-07(b); 2) has financial responsibility within the corporation/organization who can attest to the accuracy of reports either because he or she participated in the preparation of the report, or supervises those who did prepare it and can attest that those individuals followed standard protocols that ensure the accuracy of the report; and 3) replaces any previous authorized representative since there can only be one authorized representative at any given time. By completing this section, both the Certifying Person and authorized representative acknowledge that they can be subject to civil and criminal liability for non-compliance with NPDES permit or NGPC conditions, non-compliance with HAR Chapters 11-54 and 11-55, and for falsifying information.

Authorized Representative Contact Information

Complete the following for your Authorized Representative.

Authorized Representative Company/Organization Name

Department of Transportation

Authorized Representative Department

Department of Transportation

Authorized Representative Division

Highways Division

Authorized Representative Mailing Address

1720 Haleukana Street
Lihue, Kauai, Hawaii 96766

Authorized Representative Street Address

1720 Haleukana Street
Lihue, Kauai, Hawaii 96766

Authorized Representative Salutation

Mr.

Authorized Representative Last Name

Dill

Authorized Representative First Name

Lawrence

Authorized Representative Email Address

lawrence.j.dill@hawaii.gov

Authorized Representative Phone (e.g., 555-555-5555)

(808) 241-3006

Authorized Representative Alternate Phone (cell) (e.g., 555-555-5555)

(808)
651-6184

Authorized Representative Fax (e.g., 555-555-5555)

(808) 241-3011

7. Reports, Documents, and Other Attachments

a. Please select the documents you are attaching. You may attach multiple documents.

NONE
PROVIDED

b. If you selected "Other Site-Specific Plan" above, please describe the document(s) you are attaching.

NONE PROVIDED

c. Upload attachment(s). - Attachment(s)

NONE PROVIDED

Comment: NONE PROVIDED

8. Transfer of Ownership

By completing this section, the Permittee agrees to the following: 1) I am submitting a request for an automatic transfer in accordance with Title 40 of the Code of Federal Regulations (CFR), Section 122.61(b) and HAR, Section 11-55-34.08(i)(2). 2) I certify that I am notifying the Department of Health of this transfer of ownership at least 30 calendar days in advance of the proposed transfer date below. 3) The specific date for the transfer of permit responsibility, coverage, and liability between the existing and new Permittees is provided below. 4) The required written agreement between the existing and new Permittees for the transfer of permit responsibility, coverage, and liability between them is attached below. The original signatures from the existing Certifying Person and new Certifying Person will be submitted to the CWB. 5) I will submit the required \$500 transfer of ownership filing fee to the CWB.

Note: If you do not meet the requirements for an automatic transfer in 40 CFR, Section 122.61(b) and HAR, Section 11-55-34.08(i)(2), you need to submit a new NPDES application or Notice of Intent through the e-Permitting system. You will also have to complete the Notice of Cessation section of this form to terminate the current NPDES permit or NGPC.

a. Enter the specific date for the transfer of permit responsibility, coverage, and liability between the existing and new Permittees.

NONE

PROVIDED

b. Download and Complete the Transfer of Ownership Written Agreement

Download and complete the required written agreement between the existing and new Permittees for the transfer of permit responsibility, coverage, and liability between them.

Transfer of Ownership Written Agreement

c. Upload Completed Transfer of Ownership Written Agreement - Attachment(s)

NONE

PROVIDED

Comment: NONE PROVIDED

d. Complete Section 5 (Contact Information) of this form by providing the new Owner Contact Information and new Certifying Person Contact Information. Complete Section 6 (Authorized Representative) of this form if you will be designating a new authorized representative.

9. Owner Name Change

Owner Legal Name

NONE PROVIDED

Owner Department

NONE PROVIDED

Owner Division

NONE PROVIDED

10. Major Modification

My requested major modification includes (select all that apply):

NONE PROVIDED

Upload Major Modification Information - Attachment(s)

NONE PROVIDED

Comment: NONE PROVIDED

11. Notice of Cessation

By completing this section, the Permittee certifies that: 1) I want to terminate the NPDES permit or NGPC, and 2) I acknowledge that I am no longer authorized to discharge from the facility or site. Enter the date the discharge and/or activity ceased.

Attachments

Date	Attachment Name	Context	Confidential?
None			

Status History

Date	User	Processing Status
1/18/2018 11:10:38 AM	bernie vargas	Draft
1/19/2018 9:12:06 AM	bernie vargas	Submitted
3/7/2018 8:58:54 AM	Colin Maruoka	Accepted

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Compliance Form Submitted.	bernie vargas	01/19/2018 09:12 AM
Hard Copy Certification Received	Colin Maruoka	03/07/2018 08:58 AM
In Review	Colin Maruoka	03/07/2018 08:58 AM
Submittal Accepted	Colin Maruoka	03/07/2018 08:58 AM