



# 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 Department of Transportation

Owner Division Highways Division

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 Li Nah Owner Contact Person Last Name Okita

Owner Contact Person Position Title Engineer, DOT

Owner Phone No (808)692-7581 Owner Fax No (808)692-7590

Owner Contact Person Email Li.Nah.Okita@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 Waiehu Beach Road, Rehabilitation of Iao Stream Bridge

Facility Mailing Address 601 Kamokila Ave., Rm 609

Facility Mailing City Kapolei Facility Mailing State HI Facility Mailing Zip+4 96707-0000

Facility Street Address Waiehu Beach Road, Rehabilitation of Iao Stream Bridge

Facility City Wailuku Facility State HI Facility Zip+4 96793-0000

Facility Contact Person First Name Richard Facility Contact Person Last Name Harada

Facility Contact Person Position Title Project Engineer

Facility Phone No (808) 946-2277 Facility Fax No (808) 946-2253

Facility Contact Person Email rharada@wilsonokamoto.com

Island of Facility Maui 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
(2)	3	4	30	N/A
(2)	3	4		
(2)	3	4		

#### 5. Receiving State Water(s) Information

5.a. Number of Receiving State Waters 2

5.a.i. Receiving Waters Name Pacific Ocean - Receiving Water Point 1

Receiving Waters Classification A

Latitude Degrees (N)	<u>020</u>	Latitude Minutes	<u>54</u>	Latitude Seconds	<u>36</u>
Longitude Degrees (W)	<u>156</u>	Longitude Minutes	<u>29</u>	Longitude Seconds	<u>17</u>

5.a.ii. Additional Receiving Waters Name Iao Stream - Receiving Water Point 2

Receiving Waters Classification A

Latitude Degrees (N)	<u>020</u>	Latitude Minutes	<u>54</u>	Latitude Seconds	<u>24</u>
Longitude Degrees (W)	<u>156</u>	Longitude Minutes	<u>29</u>	Longitude Seconds	<u>17</u>

5.a.iii. Additional Receiving Waters Name Iao Stream - Receiving Water Point 3

Receiving Waters Classification A

Latitude Degrees (N)	<u>020</u>	Latitude Minutes	<u>54</u>	Latitude Seconds	<u>29</u>
Longitude Degrees (W)	<u>156</u>	Longitude Minutes	<u>29</u>	Longitude Seconds	<u>10</u>

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 County of Maui - Discharge Point 1

Latitude Degrees (N)	<u>020</u>	Latitude Minutes	<u>54</u>	Latitude Seconds	<u>30</u>
Longitude Degrees (W)	<u>156</u>	Longitude Minutes	<u>29</u>	Longitude Seconds	<u>24</u>

- ☒ 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 Representative Last Name Takeshita

Representative Position Title Interim Administrator

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

Representative Contact Person Email alvin.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 650 Palapala Drive

Rep. Mailing City Kahului Rep. Mailing State HI Rep. Mailing Zip+4 96732

Representative Street Address 650 Palapala Drive

Representative City Kahului Rep. State HI Representative Zip+4 96732

Representative First Name Ferdinand Representative Last Name Cajigal

Representative Position Title Maui District Engineer

Representative Phone No (808) 873-3538 Representative Fax No (808) 873-3544

Representative Contact Person Email Ferdinand.Cajigal@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 Glenn M. Certifying Person Last Name Okimoto  
 Certifying Person Position Title Director of Transportation  
 Certifying Person's Company or Agency Department of Transportation  
 Certifying Department Department of Transportation  
 Certifying Division Department of Transportation, Highways Division  
 Certifying Phone No (808) 587-2150 Certifying Fax No (808) 587-2167  
 Certifying Person Email Glenn.Okimoto@hawaii.gov

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