

2012 Renewal Notice of Intent Form

(Submission Id: 1E5-QVR9-0Z56, v1)

Steps:

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Renewal Information

Provide your current NGPC file number.

HIR10D937

Provide the project or facility name on your current NGPC.

Waiehu Beach Road, Rehabilitation of Iao Stream Bridge

I read the applicable General Permit (HAR, Chapter 11-55, Appendices B - L) and Standard General Permit Conditions (HAR, Chapter 11-55, Appendix A). I am submitting this renewal NOI since my facility, project, or activity complies with the applicable general permit conditions. I certify that I will comply with all conditions of this general permit.

Yes.

If you selected "No" above, DO NOT submit this renewal NOI. (If you submit the renewal NOI, your filing fee will be processed and your request for continued coverage under the general permit may be denied with or without prejudice.)

Did you submit to the CWB all of the required NGPC compliance information prior to starting your discharge or activity?

2. My discharge or activity did not begin yet.

If you selected "3. No. My discharge or activity started, and I did not comply with the requirements in my NGPC." you will be contacted by the CWB Enforcement Section regarding your NGPC non-compliance. An administrative extension of your NGPC will be granted. However, resolution of your non-compliance(s) is required before a renewal NGPC will be considered. Failure to resolve the non-compliance(s) in a timely manner may result in the termination of your administrative extension and renewal NOI.

Owner Information

Provide the Owner Legal Name. The Owner Legal Name is the Permittee identified on your current NGPC. (For example: State of Hawaii, City and County of Honolulu, XYZ Corporation, etc.) If you do not have a copy of your NGPC you are in violation of the General Permit conditions.

Owner Legal Name

State of Hawaii

Owner Department

Department of Transportation (DOT)

Owner Division

Highways Division (HWYS)

The Owner Legal Name you provided above is supposed to match the Permittee identified on your current NGPC. Please indicate if the Owner Legal Name you are providing above matches the Permittee on your current NGPC.

Yes. The Owner Legal Name matches the Permittee on my current NGPC.

If you answered "No. The Owner Legal Name has changed since the current NGPC was issued," please explain why this information was not

provided to the CWB. As a reminder, your current NGPC requires this information to be submitted to the CWB within 7 calendar days of the change. Any non-compliance with the NGPC conditions is grounds for denying your renewal NOI. Transfer of ownerships must be submitted separately from your renewal NOI.

NONE PROVIDED

Owner Mailing Address

869 Punchbowl St
Honolulu, Hawaii 96813

Owner Street Address

869 Punchbowl St
Honolulu, Hawaii 96813

Owner Type

Municipal - City, County, or State Government Project

Signatory Type:

The person certifying this NOI 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 the Owner Contact Information section. Please identify your appropriate signatory type based on the items listed below.

State Agency: I certify that for a state agency, I am a principal executive officer or ranking elected official.

Municipal Agency: I certify that for a municipal agency, I am a principal executive officer or ranking elected official.

Non-Federal Public Agency: I certify that for a non-federal public agency, I am a principal executive officer or ranking elected official.

Federal Agency: 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.

Partnership: I certify that I am a general partner for a partnership.

Proprietorship: I certify that I am the proprietor for a sole proprietorship.

Corporation Officer: 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.

Corporation Manager: 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.

Trust: I certify that for a trust, I am a trustee.

LLC: 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 decisionmaking functions for the LLC.

Please Select the Signatory Type based on the above descriptions.

State Agency

Certifying Person Salutation

Mr.

Certifying Person First Name

Glenn M.

Certifying Person Last Name

Okimoto

Certifying Person Title

Director of Transportation

Certifying Person Email Address

Glenn.Okimoto@hawaii.gov

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

(808) 587-2150

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

NONE PROVIDED

Certifying Person Fax Number (e.g., 555-555-5555)

(808) 587-2167

The Owner's contact person may be the staff person with direct responsibility for the facility or project, not necessarily the certifying or "responsible" person.

Owner Contact Person's Salutation

Ms.

Owner Contact Person's First Name

Li Nah

Owner Contact Person's Last Name

Okita

Owner Contact Person's Position Title

Engineer, DOT

Owner Contact Person's Email

Li.Nah.Okita@hawaii.gov

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

(808) 692-7581

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

NONE PROVIDED

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

(808) 692-7590

Multi-Phase Construction Projects (1)

Phase Name

NONE PROVIDED

Date Construction Started

NONE PROVIDED

Date the Site Specific Best Management Plan was submitted to DOH-CWB.