Attachment I – Corrective Action Reports

Hawaii Department of Transportation Corrective Action Report

Section 10.1 "Corrective Actions" Defined

Corrective actions are actions taken in compliance with this section to:
> *a. Repair, modify, or replace any storm water control used at the site*
> *b. Clean up and properly dispose of spills, releases, or other deposits*
> *c. Remedy a permit violation*

Section 10.2.1. Triggering Events

The following are triggers that require corrective action be taken (this triggering condition is to be documented within 24 hours of discovering the occurrence):

❑ *A required storm water control was never installed, was installed incorrectly, or not in accordance with the requirements in HAR Chapter 11-55, sections 5 and/or 6.*

❑ *The Contractor/Engineer becomes aware that the storm water controls installed and being maintained are not effective enough for the discharge to meet applicable water quality standards or applicable requirements in HAR Chapter 11-55, section 6.1. The Contractor shall notify the Engineer immediately. The Engineer will notify the Department of Health by the end of the next work day.*

Date/time Engineer notified by Contractor _____

Date/time DOH notified by Engineer _____

❑ *One of the prohibited discharges below is occurring or has occurred:*
> ❒ *Wastewater from washout of concrete*
> ❒ *Wastewater from washout and cleanout of stucco, paint, form release oils, curing compounds and other construction materials*
> ❒ *Fuels, oils, or other pollutants used in vehicle and equipment operation and maintenance*
> ❒ *Soaps, solvents, or detergents used in vehicle and equipment washing*
> ❒ *Toxic or hazardous substances from a spill or other release*

Section 10.2. Requirements for Taking Corrective Actions

The Contractor shall complete corrective actions in accordance with the deadlines specified below. In all circumstances, the Contractor shall immediately take all reasonable steps to minimize or prevent the discharge of pollutants until a permanent solution is installed and made operational, including cleaning up any contaminated surfaces so that the material will not discharge in subsequent storm events. Immediately means the same day the condition is discovered, unless it is too late in the day, in which initiation of corrective action must begin on the following work day.

Following any of the above triggering events, the Contractor shall install a new or modified control and make it operational, or complete the repair, by no later than 7 calendar days from the time of discovery. If it is infeasible to complete the installation or repair within 7 calendar days, the Contractor shall document and submit to the Engineer, for his agreement, why it is infeasible to complete the installation or repair within the 7 calendar day timeframe and

document a schedule for installing the storm water control(s) and making it operational as soon as practicable after the 7-day timeframe.

Date installation/repair completed or date/time prohibited discharge ceased _____

_____

Reason it is infeasible to complete installation or repair within 7 calendar days and proposed schedule (if applicable) _____

_____

_____

_____

10.4.1. Initial Report (24 Hours)

Within 24 hours of discovering the occurrence of one of the triggering conditions in HAR Chapter 11-55, section 10.2.1. at the site, the Contractor must complete the following:

- *The nature of the condition identified* _____

  _____

  _____

- *The date and time of the condition identified and how it was identified* _____

  _____

  _____

10.4.2. Final Report (7 Days)

Within 7 calendar days of discovering the occurrence of one of the triggering conditions in HAR Chapter 11-55, section 10.2.1. at the site, the Contractor must complete a report of the following:

- *Any follow-up actions taken to review the design, installation, and maintenance of storm water controls, including the dates such actions occurred* _____

  _____

  _____

- *A summary of storm water control modifications taken or to be taken, including a schedule of activities necessary to implement changes, and the date the modifications are completed or expected to be completed* _____

  _____

  _____

- *Notice of whether SWPPP modifications are required as a result of the condition identified or corrective action* _____

  _____

  _____

Section 10.2.2. SWPPP Modification Due to Corrective Actions

Where corrective actions result in changes to any of the storm water controls or procedures documented in the SWPPP, modify the SWPPP accordingly within 7 calendar days of completing corrective action work.

❑ *Date SWPPP modified*_____

Section 10.3 Corrective Actions Required by the Department of Health (DOH)

The Contractor shall comply with any corrective actions required by the department as a result of permit violations found during an inspection by DOH or EPA.

Was the Corrective Action triggered by a DOH/EPA inspection?
  ❑ *Yes*   ❑ *No*
  ❑ *Date of DOH/EPA Inspection*_____

Section 10.4.3. Certification

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.

*Signature:*_____   *Date:*_____

*Person Name: Donald Engineer*_____

*Person Position Title: District Engineer*_____

*Person Company or Agency: State of Hawaii*_____

Department: Department of Transportation   *Division: Highways Division*____

*Phone Number: (808) XXX-XXXX*_____   *Fax No.: (808) XXX-XXXX*_____

*Person Email: donald.engineer@hawaii.gov*_____