

Attachment E2 – Discharge Report for Oahu (Revised 1/29/14)

(See Next Page)

HDOT CONSTRUCTION DISCHARGE REPORT

☐ CHECK IF DISCHARGE OBSERVED IS DURING AN INSPECTION

DATE: _____ INSPECTOR/ENGINEER: _____
PROJECT NO.: _____ DOH FILE NO.: _____
PROJECT: _____
WEATHER CONDITIONS: _____ INCHES OF RAIN IN THE PAST 24 HOURS: _____

LOCATION OF WORK ACTIVITIES: _____
DESCRIPTION OF WORK ACTIVITIES: _____

This report is required when a non-stormwater or polluted stormwater discharge may have or may have potentially entered a storm drain or Receiving State Waters, if a discharge (e.g., spill) has occurred, if a polluted discharge is observed leaving the project limits, or if there is evidence of an unreported polluted discharge leaving project limits prior to inspection (such as: silty trail, eroded areas beyond site limits).

1) General Information

Date of Incident: _____
Incident Identified or reported by: _____
Time of Incident (note if time is approximate): _____
Duration of Incident (note if duration is approximate): _____
Source/Cause of Incident: _____

Describe the Incident: _____

Is the suspected reason for the discharge that a storm water control is clearly not operating as intended or is in need of maintenance?
☐ BMP needs maintenance ☐ BMP not operating as intended ☐ BMP is not a factor

2) Specific Discharge Information

Rev 01/28/15

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<p>A. Nature of the Discharge:</p> <p>a. <input type="checkbox"/> Sediment – Amount: _____</p> <p>b. <input type="checkbox"/> Concrete – Amount: _____</p> <p>c. <input type="checkbox"/> Oil/Grease – Amount: _____</p> <p>d. <input type="checkbox"/> Hazardous Material (describe): _____ – Amount: _____</p> <p>e. <input type="checkbox"/> Other (describe): _____ – Amount: _____</p>	<p>B. Characteristic of Immediate Area Where Discharge Occurred:</p> <p>a. <input type="checkbox"/> Receiving Water(s) – Name(s): _____</p> <p>b. <input type="checkbox"/> Storm Drain - MS4 Owner: _____</p> <p>c. <input type="checkbox"/> Soil - Type: _____</p> <p>d. <input type="checkbox"/> Asphalt/Concrete Surface</p> <p>e. <input type="checkbox"/> Other - Describe: _____</p>
<p>C. Location Where Discharge Originated (include location map and photos on attached template):</p> <p>_____</p> <p><input type="checkbox"/> Map or Photos attached</p>	<p>D. Description of Path of Discharge (include map and/or photos on attached template):</p> <p>_____</p> <p>Where did the polluted discharge ultimately go?</p> <p><input type="checkbox"/> Entered a drainage system.</p> <p><input type="checkbox"/> Directly entered State waters (discharged directly to stream or other water body).</p> <p><input type="checkbox"/> Other (describe): _____</p> <p><input type="checkbox"/> Map or Photos attached</p> <p>If the polluted discharge entered a drainage system or receiving water (e.g., stream, ocean), complete section 3.</p>

3) Inlets, Outfalls, and Receiving Water Information

List all inlets and corresponding receiving water outfall locations from each drainage system. If discharge went directly to receiving waters, list the point where discharge entered receiving waters. At each point check the characteristics of the water upstream (if applicable), at discharge or outfall location, and downstream of discharge or outfall location (if applicable) and describe (turbidity, color, odor, floating, settled, or suspended solids, foam, oil sheen, and other obvious indicators of storm water pollutants).

If the discharge did not enter a drainage system or receiving water (e.g., stream, ocean), skip this section.

Inlet Location / Drainage System Owner (if applicable)	Outfall / Discharge Location	Characteristics of water (turbidity, color, odor, floating, settled, or suspended solids, foam, oil sheen, and other obvious indicators of storm water pollutants)		Notes (Include information about other inlets entering drainage system prior to outfall, etc.)
		Upstream of Location (if applicable)	At Outfall/Discharge Location	

4) Action Taken

a. Describe Immediate Measures Taken (include photos on attached template):

☐ Photos attached

b. Describe Additional Follow-Up Measures Taken (include photos on attached template):

☐ Photos attached

5) Other Notes/Comments

I certify that I am the person who performed the inspection documented above and that all information recorded on this form is a true and accurate representation of what was observed at the construction site recorded above.

_____ Inspector Name and Title	_____ Signature	_____ Date
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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 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.

_____ Pratt M. Kinimaka	_____ Date
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Duly Authorized Person's Name: Pratt M. Kinimaka

Duly Authorized Person's Position Title: Oahu District Engineer

Duly Authorized Person's Company or Agency Information:

Company or Agency:	<u>State of Hawaii Department of Transportation, Highways Division</u>	Phone:	<u>831-6700 ext 126</u>
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Address:	<u>727 Kakoi Street</u>	Fax:	<u>831-6725</u>
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<u>Honolulu, Hawaii 96819</u>	Email:	<u>Pratt.Kinimaka@hawaii.gov</u>
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LOCATION MAP

PROJECT NO.: _____ DOH FILE NO.: _____
PROJECT NAME: _____
PROJECT LOCATION: _____
DESCRIPTION: _____

PHOTOS

PHOTOS TAKEN BY: _____
PROJECT NO.: _____ DOH FILE NO.: _____
PROJECT: _____