



CWB NOI General Form for Appendix _____

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 _____
Owner Department _____
Owner Division _____
Owner Mailing Address _____
Owner Mailing City _____ Owner Mailing State _____ Owner Mailing Zip+4 _____
Owner Street Address _____
Owner City _____ Owner State _____ Owner Zip+4 _____
Owner Contact Person First Name _____ Owner Contact Person Last Name _____
Owner Contact Person Position Title _____
Owner Phone No _____ Owner Fax No _____
Owner Contact Person Email _____

2. Owner Type

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 _____ Operator Mailing Zip+4 _____
Operator Street Address _____
Operator City _____ Operator State _____ 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 _____

Facility Mailing Address _____

Facility Mailing City _____ Facility Mailing State _____ Facility Mailing Zip+4 _____

Facility Street Address _____

Facility City _____ Facility State _____ Facility Zip+4 _____

Facility Contact Person First Name _____ Facility Contact Person Last Name _____

Facility Contact Person Position Title _____

Facility Phone No _____ Facility Fax No _____

Facility Contact Person Email _____

Island of Facility 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Receiving State Water(s) Information

5.a. Number of Receiving State Waters

5.a.i. Receiving Waters Name

Receiving Waters Classification

Latitude Degrees (N) _____ Latitude Minutes _____ Latitude Seconds _____

Longitude Degrees (W) _____ Longitude Minutes _____ Longitude Seconds _____

5.a.ii. Additional Receiving Waters Name

Receiving Waters Classification

Latitude Degrees (N) _____ Latitude Minutes _____ Latitude Seconds _____

Longitude Degrees (W) _____ Longitude Minutes _____ Longitude Seconds _____

5.a.iii. Additional Receiving Waters Name

Receiving Waters Classification

Latitude Degrees (N) _____ Latitude Minutes _____ Latitude Seconds _____

Longitude Degrees (W) _____ Longitude Minutes _____ Longitude Seconds _____

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 _____

Latitude Degrees (N) _____ Latitude Minutes _____ Latitude Seconds _____

Longitude Degrees (W) _____ Longitude Minutes _____ Longitude Seconds _____

- ☐ 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. Do not select A & B or B & C - this will cause a delay in the issuance of the NGPC. The owner certifies that the duly authorized representative is an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, superintendent, or position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company, (A duly authorized representative may thus be either a named individual or any individual occupying a named position.), as in accordance with HAR, Section 11-55-07(b).

☐ 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 _____
Representative Department _____
Representative Division _____
Representative Mailing Address _____
Rep. Mailing City _____ Rep. Mailing State _____ Rep. Mailing Zip+4 _____
Representative Street Address _____
Representative City _____ Rep. State _____ Representative Zip+4 _____
Representative First Name _____ Representative Last Name _____
Representative Position Title _____
Representative Phone No _____ Representative Fax No _____
Representative Contact Person Email _____

☐ 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.

Representative Company/Organization Name _____
Representative Department _____
Representative Division _____
Representative Mailing Address _____
Rep. Mailing City _____ Rep. Mailing State _____ Rep. Mailing Zip+4 _____
Representative Street Address _____
Representative City _____ Rep. State _____ Representative Zip+4 _____
Representative First Name _____ Representative Last Name _____
Representative Position Title _____
Representative Phone No _____ Representative Fax No _____
Representative Contact Person Email _____

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 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

Certifying Person Last Name

Certifying Person Position Title

Certifying Person's Company or Agency

Certifying Department

Certifying Division

Certifying Phone No

Certifying Fax No

Certifying Person Email

For facilities/projects on all islands, submit one (1) set of the following to the CWB:

1. Transmittal or cover letter (hard copy).
2. Original Certification signature (hard copy of CWB NOI General Form page 4 only).
3. CD or DVD containing:
 - a. Certified and complete CWB NOI General Form (in pdf format);
 - b. Applicable discharge CWB NOI Form (e.g., Certified and complete CWB SSCBMP Plan Template) in pdf format; and,
 - c. Supporting documents (in pdf format).
4. \$500 Filing Fee