

***Oahu Attachment E4 – Monthly Compliance Report***

***Hawaii Department of Transportation Monthly Compliance Report***

*A Monthly Compliance Report is required to be completed within 2 working days of the end of the month. This report must be kept on-site and made available by the end of the next business day when requested by DOH. The following is required to be addressed in the Monthly Compliance Reports and include attachments as necessary.*

- ☐ *Any instances of non-compliance or corrective actions*
- ☐ *Changes to the information on file with DOH*

*If the activity is in compliance and none of the information on file with the department requires updating, or there were no incidences of non-compliance, preparation of the monthly compliance information is still required which states:*

- ☐ *No changes, updates, or any incidences of non-compliance to report.*

*The certifying person and duly authorized representative shall meet the requirements of Hawaii Administrative Rules 11-55, Appendix A, Section 15. The certifying person or duly authorized representative is required to sign the Monthly Compliance Reports with the following certification statement:*

*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.*

MONTHLY COMPLIANCE REPORT

Reporting Month/Year: \_\_\_\_\_

Project Name: \_\_\_\_\_

Location/Address: \_\_\_\_\_

DOH NGPC File No.: \_\_\_\_\_

County/Island: \_\_\_\_\_

Construction Start Date: \_\_\_\_\_

Project No.: \_\_\_\_\_

Acreage Disturbed (acres): \_\_\_\_\_

Percent of Work Completed (%): \_\_\_\_\_

This form must be completed within 2 working days of the end of the month and must be kept on-site and made available by the end of the next business day when requested by DOH. In addition, this form is required to be submitted to DOH with the Notice of Cessation at the completion of the project.

1. BMP Deficiencies and Associated Corrective Actions

Date Found	Location	Activity and Type of BMP Measure/Device	Date Contractor Notified	Notes/Comments	Date Corrected	Action Taken

2. Discharges This Month

Date Discharge Occurred	Outfall	Receiving Waterbody Discharged To	Date DOH Notified	Notes

**3. Other Major Incidents Reported to DOH This Month**

Date/Time Incident Occurred (if applicable)	Date/Time Incident Discovered	Date/Time Reported to DOH	Description of Incident	Notes

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\_\_\_\_\_  
**George Abcede**

\_\_\_\_\_  
**Date**

**Duly Authorized Person's Name:** George Abcede

**Duly Authorized Person's Position**

**Title:** Oahu District Engineer

**Duly Authorized Person's Company or Agency**

**Information:**

**Company or Agency:** State of Hawaii Department of Transportation, Highways Division

**Phone:** 831-6700 ext. 126

**Address:** 727 Kakoi Street

**Fax:** 831-6725

Honolulu, Hawaii 96819

**Email:** george.abcede@hawaii.gov

**SITE-SPECIFIC BEST MANAGEMENT PRACTICE INSPECTION AND MAINTENANCE REPORT  
RECEIVING STATE WATERS INSPECTION REPORT FOR INDIVIDUAL NPDES PERMITS**

TO BE COMPLETED A MINIMUM OF ONCE PER WEEK, TYPICALLY ALONG WITH WEEKLY BMP INSPECTION ☐ CHECK IF STAND-ALONE 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 if the project is covered under an Individual NPDES Permit and there is a requirement to inspect the receiving state waters.

List all receiving water outfall/discharge locations at which inspection occurred. 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).

OUTFALL/DISCHARGE LOCATION	CHARACTERISTICS OF WATER UPSTREAM OF LOCATION (IF APPLICABLE)	CHARACTERISTICS OF WATER AT OUTFALL/DISCHARGE LOCATION	NOTES (INCLUDE INFORMATION ABOUT OTHER INLETS ENTERING DRAINAGE SYSTEM PRIOR TO OUTFALL, ETC.)	EVIDENCE OF PROJECT RELATED POLLUTED DISCHARGE?*
*YES = FILL OUT ATTACHMENT A: DISCHARGE REPORT NO = NO ACTION REQUIRED				

SITE-SPECIFIC BEST MANAGEMENT PRACTICE INSPECTION AND MAINTENANCE REPORT  
RECEIVING STATE WATERS INSPECTION REPORT FOR INDIVIDUAL NPDES PERMITS

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Rev 01/28/15

DATE: \_\_\_\_\_ INSPECTOR/ENGINEER: \_\_\_\_\_  
PROJECT NO.: \_\_\_\_\_ DOH FILE NO.: \_\_\_\_\_  
PROJECT: \_\_\_\_\_

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/Engineer 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.

George Abcede	Date
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Duly Authorized Person's Name: George Abcede

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>george.abcede@hawaii.gov</u>
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DATE: \_\_\_\_\_ INSPECTOR/ENGINEER: \_\_\_\_\_  
PROJECT NO.: \_\_\_\_\_ DOH FILE NO.: \_\_\_\_\_  
PROJECT: \_\_\_\_\_

OUTFALL/PHOTO LOCATION: \_\_\_\_\_  
DESCRIPTION: \_\_\_\_\_  
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PHOTO:

INSERT PHOTO HERE