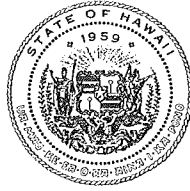


NEIL ABERCROMBIE  
GOVERNOR



STATE OF HAWAII  
DEPARTMENT OF TRANSPORTATION  
869 PUNCHBOWL STREET  
HONOLULU, HAWAII 96813-5097

SEP 10 2012


GLENN M. OKIMOTO  
DIRECTOR

Deputy Directors  
JADE T. BUTAY  
FORD N. FUCHIGAMI  
RANDY GRUNE  
JADINE URASAKI

IN REPLY REFER TO:  
HWY-DS 2.2298

TO: THE HONORABLE LORETTA J. FUDDY, A.C.S.W., M.P.H.  
DIRECTOR OF HEALTH

ATTN: ALEC WONG, P.E., CHIEF  
CLEAN WATER BRANCH

FROM: GLENN M. OKIMOTO, Ph.D.  
DIRECTOR OF TRANSPORTATION 

SUBJECT: FARRINGTON HIGHWAY, REPLACEMENT OF MAIPALAOA BRIDGE  
PROJECT NO. BR-093-1(21)  
DOH FILE NO. HI R10E104

Submitted for your review and approval are the 2012 Renewal Notice of Intent Form and the signed Certification Statement for the Farrington Highway, Replacement Of Maipalaoa Bridge project. The Department of Transportation (DOT) is seeking extended coverage under the current General Permit. A \$500 check payable to the State of Hawaii is attached.

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.

If you have any questions regarding the project, please call Mr. Kevin Ito at 692-7548. If responding to this letter in writing, please reply to the attention of Mr. Kevin Ito, DOT Design Branch, Highways Division and reference HWY-DS 2.2298 as shown above.

Enclosures

c: SSFM



## CERTIFICATION STATEMENT & TRANSMITTAL LETTER FOR 2012 RENEWAL NOI E-PERMITTING SUBMISSIONS

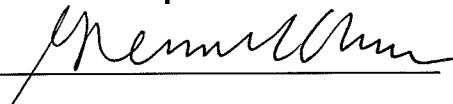
1. Submission and File Numbers

e-Permitting Submission #: 108-TNJC-2TG0

Renewal NOI, NGPC File Number: HI R10E104

2. 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.

Signature 

Date Signed SEP 06 2012

Certifying Person Printed First and Last Name Glenn M. Okimoto

3. Transmittal Requirements (Check all.)

☒ I have read the instructions below.

☒ If I do not follow all of the instructions below, I acknowledge that:

- a. This submittal will not be accepted by the Clean Water Branch (CWB);
- b. Processing of my renewal NOI submission will not begin;
- c. I am delaying the processing of my renewal NOI submission; and
- d. The CWB may deny my renewal NOI request for continued coverage under the General Permit with or without prejudice.

☒ The signature provided in Item No. 2 is an original signature.

☒ Attached is a hard copy of my printed e-Permitting submission identified in Item No. 1 above.

4. Filing Fee (Check only one.)

☒ A \$500 check made payable to the State of Hawaii is attached.

☐ The filing fee was paid online through the e-Permitting Portal.

☐ I am a State agency, and I am requesting a Bill for Collection.



## 2012 Renewal Notice of Intent Form

(Submission Id: 1DS-TNJC-ZTG0, v2)

Steps:

DRAFT PRINTED ON 9/13/2012 9:24:36 PM

[Entry](#) > [Processing Info](#) > [Review](#) > [Certify & Submit](#) > [Payment](#) > [Confirmation](#)

### Renewal Information

**Provide your current NGPC file number.**

HIR10E104

**Provide the project or facility name on your current NGPC.**

Farrington Highway, Replacement of Maipalaoa  
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

**Owner Division**

Highways Division

**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

**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)**

NONE PROVIDED

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**

Mr.

**Owner Contact Person's First Name**

Kevin

**Owner Contact Person's Last Name**

Ito

**Owner Contact Person's Position Title**

Project  
Manager, Department of Transportation

**Owner Contact Person's Email**

Kevin.Ito@hawaii.gov

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

(808) 692-7548

**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)**

NONE PROVIDED

## 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.**