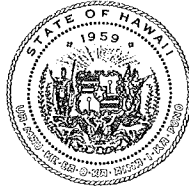


NEIL ABERCROMBIE
GOVERNOR



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 2.2299

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 12GE092

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 2.2299 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 #: 1E9-P5ED-DJ35

Renewal NOI, NGPC File Number: HI 12GE092

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: 1E9-P5ED-DJ35, v2)

DRAFT PRINTED ON 9/13/2012 3:33:57 PM

Renewal Information

Provide your current NGPC file number.

HI12GE092

Provide the project or facility name on your current NGPC.

Farrington Highway Replacement of Maipalaoa
Bridge, Federal Aid Project No. BR-093-1(21), Waianae, Island of Oahu,
Hawaii

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)

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.

NONE PROVIDED