## 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.

| 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 reupdating, or there were no incidences of non-compliance, preparation of the monthly compinformation is still required which states:  \[ \sigma \) 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 REPO                        | ORT   |                                |                                       |                      |                   |   |
|-------------------------------|--|---|--------------------------------|---------------------------------------|----------------------|-------------------|---|
| Reporting N                   | Nonth/Year:                            | -   |                                |                                       |                      |                   |   |
| DOH NGPC<br>County/Isla       | ddress:<br>File No.:                   |   | Acreage                        | lo.:<br>Disturbed (ac<br>of Work Comp | res):<br>pleted (%): |                   |   |
| end of the n<br>Cessation at  | ext business day v<br>the completion o | •   | DH. In addition                |                                       | •                    |                   | ade available by the<br>OH with the Notice of |
| Date<br>Found                 | Location                               | Activity and Type<br>of BMP<br>Measure/Device | Date<br>Contractor<br>Notified | Notes/0                               | Comments             | Date<br>Corrected | Action Taken                                  |
| 2. Discharge                  | es This Month                          |   |                                |                                       |                      |                   |   |
| Date<br>Discharge<br>Occurred | Outfall                                | Receiving Wat<br>Discharged                   | -                              | Date DOH<br>Notified                  |                      | Notes             |   |
|                               |  |   |                                |                                       |                      |                   |   |

| 3. Other Major Incidents Reported to DOH Thi | nis Month |
|--|-----------|
|--|-----------|

| (ii applicable) | Date/Time<br>Incident<br>Occurred<br>(if applicable) | Date/Time<br>Incident<br>Discovered | Date/Time<br>Reported to<br>DOH | Description of Incident | Notes |
|-----------------|--|-------------------------------------|---------------------------------|-------------------------|-------|
|-----------------|--|-------------------------------------|---------------------------------|-------------------------|-------|

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.

| Michael K. Medeiros                   |              |                                       | Date             |        |                          |
|---------------------------------------|--------------|---------------------------------------|------------------|--------|--------------------------|
| Duly Authorized Perso                 | on's Name:   | Michael K. Medeiros                   |                  |        |                          |
| <b>Duly Authorized Perso</b>          | n's Position |                                       |                  |        |                          |
| Title:                                |              | Oahu District Engineer                |                  |        |                          |
| Duly Authorized Perso<br>Information: |              |                                       |                  |        | 921 6700 ovt 126         |
| Company or Agency:                    | State of Ha  | waii Department of Transportation, Hi | ighways Division | Phone: | 831-6700 ext. 126        |
| Address:                              | 727 Kakoi S  | treet                                 |                  | Fax:   | 831-6725                 |
|                                       | Honolulu, F  | lawaii 96819                          |                  | Email: | Mike.medeiros@hawaii.gov |