

Summary

Submission #:	HNP-CZ24-RB1A6	Date Submitted:	7/19/2019 11:26 AM
Form:	version (Leeward Bikeway CWB Compliance Submittal Form for Section 401 WQCs)	Status:	Submitted
Submitted By:	Kelly Brianne Staples	Submission Creator:	Kelly Brianne Staples
Active Steps:	Hard Copy Certification Received		
File/Reference #:		Reference #:	
Description:	CWB Compliance Submittal Form for Section 401 WQCs		

Notes

There are currently no Submission Notes.

Details

1. File Number

Provide the assigned Section 401 WQC file number (e.g. WQC0952). For Individual Section 401 WQCs, this file number is located on your Section 401 WQC. For verifications under the NWP Blanket WQC, this file number is located on your final verification from the USACE.

WQC1017

You are required to certify that you have not made any modifications/revisions/changes to the information provided in your Section 401 WQC Application or NWP Blanket WQC Notification Form (excluding contact person information revisions and revisions requested by DOH-CWB). You are also required to certify that you will terminate your Section 401 WQC and submit a new Section 401 WQC Application through the e-Permitting Portal if you initiated any modifications/revisions/changes without DOH-CWB acceptance.

Yes, I certify.

2. Notification of Start

Notification of Start of Discharge Activities

By completing this section, I am hereby notifying the Director of Health of the discharge/activity start date within seven (7) calendar days before the start of discharge activities. I have completed all Section 401 WQC requirements that I certified will be performed before the start of discharge/activities.

Discharge Start Date

NONE PROVIDED

3. Notification Compliance and Non-Compliance

You are required to certify that you reviewed every condition in the Section 401 WQC that was issued to you or the NWP Blanket WQC, and you are in compliance with every condition.

Yes, I am in compliance with every condition.

You are required to notify the DOH of ALL instances of non-compliance with your Section 401 WQC. Describe the non-compliance below. Note: If you are in compliance with every condition of your Section 401 WQC then state "I am in compliance with every condition."

I am in compliance with every condition

Please describe the actions you have taken to fix the non-compliance. You are required to immediately fix your non-compliance. Non-compliance with any Section 401 WQC requirements is grounds for terminating your Section 401 WQC. Note: If you are in compliance with every condition of your Section 401 WQC then state "I am in compliance with every condition."

I am in compliance with every condition

4.a Pre-Construction Monitoring

You are required to certify that your pre-construction monitoring was conducted in accordance with the WQC requirements.

NONE PROVIDED

Upload your pre-construction monitoring data. - Attachment

NONE PROVIDED

Comment: NONE PROVIDED

4.b During Construction Monitoring

You are required to certify that your during construction monitoring was conducting in accordance to the requirements of your Section 401 WQC, the sample results are representative, and the samples were taken at the same time construction work occurred, as applicable. Note: If you cannot certify, then terminate your Section 401 WQC and terminate your discharge/activity.

NONE PROVIDED

Upload your during construction monitoring for all decision units. - Attachment

NONE PROVIDED

Comment: NONE PROVIDED

Upload your required during construction monitoring report that assesses your compliance. - Attachment

NONE PROVIDED

Comment: NONE PROVIDED

Were any of your during construction Impact Station water quality parameter levels greater than the highest pre-construction triplicate mean or upstream/upcurrent control stations?

NONE PROVIDED

If any of your during construction Impact Station water quality parameter levels were greater than the highest pre-construction triplicate mean or upstream/upcurrent control stations, describe your corrective action below. Note: In situations like this your Section 401 WQC requires you to stop all in-water work causing the exceedance and not resume until the cause of the exceedance is corrected as demonstrated by water quality sampling. This action does not preclude the DOH from taking enforcement action authorized by State law.

NONE PROVIDED

You are required to certify if you or any of your employees, contractors, or consultants observed a visible plume emanating from the work area.

NONE PROVIDED

If a visible plume was observed from your work area (in-water or upland), describe your corrective action below. Note: In situations like this your Section 401 WQC requires you to sample the plume in accordance with the AMAP, stop all in-water work that is causing the plume, and not resume until the cause of the plume and any exceedance is corrected as demonstrated by water quality sampling. This action does not preclude the DOH from taking enforcement action authorized by State law.

NONE PROVIDED

4.c. Post Construction Monitoring

Enter the date the in-water work ceased (and the start of your post-construction monitoring).

NONE PROVIDED

Upload your required post construction monitoring and assessment.- Attachment

NONE PROVIDED

Comment: NONE PROVIDED

You are required to certify that you performed all post construction monitoring as required by your specific Section 401 WQC, which may include benthic monitoring, beach profile monitoring, and erosion monitoring.

NONE PROVIDED

You are required to certify that your post construction monitoring demonstrates that your project/activity has not caused any adverse water quality impacts.

NONE PROVIDED

If your post construction monitoring indicates that your project/activity is causing adverse impacts to water quality, you are required to describe your mitigative measures below. It is your responsibility to mitigate adverse impacts to water quality resulting from your project.

NONE PROVIDED

5. Contact Information (1)

Select the appropriate contact person.

NONE PROVIDED

If you selected "Other" above, please describe the contact person.

NONE PROVIDED

Contact Person Mailing Address

NONE PROVIDED

Contact Person Street Address

NONE PROVIDED

Contact Person Salutation

NONE PROVIDED

Contact Person First Name

NONE PROVIDED

Contact Person Last Name

NONE PROVIDED

Contact Person Organization

NONE PROVIDED

Contact Person Title

NONE PROVIDED

Contact Person Email Address

NONE PROVIDED

Contact Person Phone Number (e.g., 555-555-5555)

NONE PROVIDED

Contact Person Alternate Phone Number (cell) (e.g., 555-555-5555)

NONE PROVIDED

Contact Person's Fax number (e.g., 555-555-5555)

NONE PROVIDED

If you are submitting and/or revising additional contact information, click the "+" button in the tab area at the top of this section.

6. Authorized Representative Information

Authorization

The Certifying Person hereby 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 Section 401 WQC conditions, except submittal of the termination of Section 401 WQC coverage. The Owner hereby agrees to comply with and be responsible for all Section 401 WQC conditions. The responsibility of the authorized representative cannot be delegated to an outside consultant with no financial responsibility for the company - they cannot sign as the "authorized representative" on behalf of the Owner. This requirement stems from the fact that self-reporting is critical under the Clean Water Act and Hawaii Water Pollution statutes; reports filed with CVB can have serious legal consequences, including possible civil and even criminal liability. The Owner in signing reports, therefore, must be represented by someone who has some responsibility for the corporation's financial interests. By completing this section, the Certifying Person attests that the authorized representative: 1) meets the requirements of HAR 11-54-9.1 and 40 CFR 122.22(b); 2) has financial responsibility within the corporation/organization who can attest to the accuracy of reports either because he or she participated in the preparation of the report, or supervises those who did prepare it and can attest that those individuals followed standard protocols that ensure the accuracy of the report; and 3) replaces any previous authorized representative since there can only be one authorized representative at any given time. By completing this section, both the Certifying Person and authorized representative acknowledge that they can be subject to civil and criminal liability for non-compliance with Section 401 WQC conditions, non-compliance with HAR Chapter 11-54, and for falsifying information.

Authorized Representative Contact Information

Complete the following for your Authorized Representative.

Authorized Representative Company/Organization Name

NONE PROVIDED

Authorized Representative Department

NONE PROVIDED

Authorized Representative Division

NONE PROVIDED

Authorized Representative Mailing Address

NONE PROVIDED

Authorized Representative Street Address

NONE PROVIDED

Authorized Representative Salutation

NONE PROVIDED

Authorized Representative Last Name

NONE PROVIDED

Authorized Representative First Name

NONE PROVIDED

Authorized Representative Email Address

NONE PROVIDED

Authorized Representative Phone (e.g., 555-555-5555)

NONE PROVIDED

Authorized Representative Alternate Phone (cell) (e.g., 555-555-5555)

NONE PROVIDED

Authorized Representative Fax (e.g., 555-555-5555)

NONE PROVIDED

7. Owner Name Change

Owner Legal Name

NONE PROVIDED

Owner Department

NONE PROVIDED

Owner Division

NONE PROVIDED

8. Termination of Section 401 WQC Coverage

By completing this section, the owner of the discharge certifies that: 1) I want to terminate the Section 401 WQC, and 2) I fulfilled and complied with all of the post construction requirements, site restoration activities, and mitigation/compensation measures I certified I will perform in my Section 401 WQC Application or I am terminating this Section 401 WQC because I will not start and conduct this discharge/activity. Enter the date of termination.

NONE PROVIDED

9. Extension Request

I certify that I am requesting an administrative extension to my Section 401 WQC because my in-water discharge/activities have already commenced, and the purpose of the administrative extension is so that I can complete the in-water discharge/activity, my post construction requirements, and/or my mitigation/compensation measures.

NONE PROVIDED

Attach color photographs showing that the in-water discharge/activity is in progress.- Attachment

NONE PROVIDED

Comment: NONE PROVIDED

For verifications under the NWP Blanket WQC (WQC0804): You may request for an administrative extension if your project is under construction or under contract to commence construction; the USACE has not modified, suspended, or revoked the applicable NWP or individual verification per 33 CFR 330.4(e) and 33 CFR 330.5(c) and (d); the owner of the discharge notifies the DOH-CWB by February 18, 2017 through the e-Permitting CWB Compliance Submittal Form for Section 401 WQCs that an administrative extension is required to complete the project construction by March 18, 2018; and the completed Transmittal Requirements and Certification Statement for e-Permitting CWB Compliance Submittal Form for Section 401 WQC Submissions is mailed/delivered to the DOH-CWB by February 18, 2017. Note: If the DOH-CWB changes the e-Permitting status to "Accepted," this will indicate that the administrative extension has been granted. No further correspondence will be provided by the DOH-CWB.

Address the information below ONLY if you are requesting an administrative extension to your verification under the NWP Blanket WQC (WQC0804).

I certify that I am requesting an administrative extension to my verification under the NWP Blanket WQC (WQC 0804) because my project meets all of the WQC0804 requirements for an administrative extension.

NONE PROVIDED

10. Reports, Documents, and Other Attachments

a. Please select the document(s) you are attaching. You may select multiple documents (hold CTRL button and click with your mouse to add or delete document types)

Other

Other: Updated Best Management Practices (BMP) Plan

b. If you selected "Other" above, please describe the document(s) you are attaching.

Updated Best Management Practices (BMP) Plan

Upload Attachments- Attachment

Leeward Bikeway Sec 401 WQC Compliance Submittal HNP-CZ24-RB1A6 WQC1017.pdf - 07/19/2019 11:25 AM

Comment: NONE PROVIDED

11. Transfer of Ownership

Transfer of Ownership

You are required to download and complete the Transfer of Ownership form below.

[Transfer of Ownership Written Agreement for Section 401 WQCs Form](#)

Upload Completed Transfer of Ownership Written Agreement for Section 401 WQCs Form- Attachment

NONE PROVIDED

Comment: NONE PROVIDED

Attachments

Date	Attachment Name	Context	Confidential?
7/19/2019 11:25 AM	Leeward Bikeway Sec 401 WQC Compliance Submittal HNP-CZ24-RB1A6 WQC1017.pdf	v1 - 10. Reports, Documents, and Other Attachments	No

Status History

Date	User	Processing Status
4/29/2019 1:15:15 PM	Kelly Brianne Staples	Draft
7/19/2019 11:26:37 AM	Kelly Brianne Staples	Submitted

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Compliance Form Submitted.	Kelly Brianne Staples	7/19/2019 11:26:37 AM
Hard Copy Certification Received		
Submittal Accepted		