

**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 |
|---------------------------------------------|-------------------------------|---------------------------|-------------------------|-------|
|                                             |                               |                           |                         |       |

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.

\_\_\_\_\_  
**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

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Honolulu, Hawaii 96819

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