

CWB Individual NPDES Form

(Submission Id: 1JN-JAQA-GM0E, v1)

1a. New NPDES Application

I read HAR, Chapters 11-54 and 11-55. I certify that I am submitting this NPDES application since my project/facility/activity/discharge and my organization will comply with these rules and the NPDES Permit that the DOH may issue for my project/facility/activity/discharge. I certify that I will design, implement, operate, and maintain appropriate treatment/controls to ensure that my activity/discharge will not violate HAR, Chapters 11-54 and 11-55.

Yes

Is your submission for a new NPDES permit (Initial Individual NPDES permit application or a Revised Individual NPDES permit application)?

Yes

If you selected "Yes" above, please complete the rest of this section. Skip Section 1b and proceed to Section 2.

If you selected "No" above, please skip the remainder of this section and proceed to Section 1.b.

NPDES permits cannot be issued for "after the fact" discharges/activities. For new NPDES applications, you are required to certify below that the information provided in this NPDES application does not include "after the fact" discharges/activities.

I certify that the information provided in this NPDES application does not contain "after the fact" discharges/activities.

You are required to report any discharges/activities associated with your project/facility that started before obtaining NPDES permit coverage. This only applies to discharges to State waters and activities that require NPDES permit coverage [e.g. construction activities that disturb one (1) acre or more]. Please select one (1) of the options below.

I did not start any discharges/activities associated with my project/facility.

1b. Renewal NPDES Application

Provide the previously assigned Permit Number (e.g. HI0021841).

NONE PROVIDED

Historic Effluent Limitations and Monitoring Data Spreadsheet:

You are required to download and complete the Historic Effluent Limitations and Monitoring Data Spreadsheet below only if your NPDES permit contains numeric effluent limitations. This does not apply to NPDES permits for discharges of storm water associated with construction activities.

Upload Completed Historic Effluent Limitations and Monitoring Data Spreadsheet

NONE PROVIDED

Provide a summary of all DOH-CWB and/or U.S. EPA inspections conducted at your facility during the current permit term. Include the inspection date, findings, and all corrective actions. This applies to all NPDES permits.

NONE PROVIDED

Please report all of your existing NPDES permit submittal requirements. List the required submittal (e.g. DMR, Nutrient Management Plan, BMP Plan, TRE/TIE, etc.); the due date; and your submittal date. This applies to all NPDES permits.

NONE PROVIDED

Effluent Violation Spreadsheet:

You are required to download and complete the Effluent Violation Spreadsheet below only if your NPDES permit contains numeric effluent limitations. This does not apply to NPDES permits for discharges of storm water associated with construction activities.

Upload Completed Effluent Violation Spreadsheet

NONE PROVIDED

Please describe all actions you have taken to prevent all of the violations above from occurring again. You are required to provide this information with your renewal application. The DOH-CWB will take this into consideration when deciding whether to renew your permit or deny your renewal application. Pursuant to HAR 11-55-17, noncompliance by the Permittee with any conditions of the NPDES permit is grounds for denial of the renewal NPDES application.

NONE PROVIDED

2. Owner Information

Owner Legal Name

State of Hawaii

Owner Department

Department of Transportation

Owner Division

Highways Division

Owner Mailing Address

869 Punchbowl St
Honolulu, Hawaii 96813-5097

Owner's Street Address

869 Punchbowl St
Honolulu, HI 96813-5097

Owner Type

Municipal - City, County, or State Government Project

Signatory Type:

The person certifying this NPDES application must meet one of the following descriptions and be employed by the Owner. 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

Dr.

Certifying Person First Name

Glenn

Certifying Person Last Name

Okimoto

Certifying Person Title

Director

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)

808-587-2167

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

Ms

Owner Contact Person's First Name

Christine

Owner Contact Person's Last Name

Yamasaki

Owner Contact Person's Position Title

Project Manager

Owner Contact Person's Email

Christine.Yamasaki@hawaii.gov

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

808-692-7572

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)

808-587-7590

3. Operator or General Contractor Contact Information

Will Operator or General Contractor information be submitted at least 30 calendar days before the start of construction activities?

Yes (I will provide operator/general contractor information 30 calendar days prior to discharge or the start of industrial/construction activities)

Operator/General Contractor Legal name

NONE PROVIDED

Operator/General Contractor Department

NONE PROVIDED

Operator/General Contractor Division

NONE PROVIDED

Operator/General Contractor Mailing address

NONE PROVIDED

Operator/General Contractor Street address:

NONE PROVIDED

Operator/General Contractor Contact Person's Salutation

Operator/General Contractor Contact Person's First Name

NONE PROVIDED

Operator/General Contractor Contact Person's Last Name

NONE PROVIDED

Operator/General Contractor Contact Person's Position Title

NONE PROVIDED

Operator/General Contractor Contact Person's Email

NONE PROVIDED

Operator/General Contractor Contact Person's Phone number (e.g., 555-555-5555)

NONE PROVIDED

Operator/General Contractor Contact Person's Alternate Phone Number (cell) (e.g., 555-555-5555)

NONE PROVIDED

Operator/General Contractor Contact Person's Fax number (e.g., 555-555-5555)

NONE PROVIDED

4. Facility/Project Information

Enter the Facility or Project Name:

The Facility or Project Name will appear on all correspondence, official files, and permits

Facility or Project Name

Kapolei Interchange Complex Phase 2

Provide the Mailing Address:

The mailing address may be the mailing address of the facility's or project's contact person.

Mailing Address

601 Kamokila Boulevard, Rm 609
Kapolei, Hawaii 96707

Provide the Street Address:

The street address is the facility or project location with respect to identifiable street names or adjacent developments or properties (i.e., 1234 15th Drive or northwest corner of 1st Street and X Avenue).

Street Address (i.e. the location of the project or facility)

The project is located adjacent to the Outbound H-1 freeway, near Hawaiian Waters Adventure Park

Provide the Facility/Project Contact Person information.:

Provide the facility/project contact person information. The facility/project contact person can be anyone (e.g. consultant, staff, etc.).

Facility/Project Contact Person Salutation

Mr.

Facility/Project Contact Person's First Name

Lance

Facility/Project Contact Person's Last Name

Oyama

Facility/Project Contact Person's Title

Project Manager

Facility/Project Contact Person's Email

loyama@wilsonokamoto.com

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

808-946-2277

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

NONE PROVIDED

Facility/Project Contact Person Fax Number (e.g., 555-555-5555)

808-946-2253

Facility/Project Front Gate Location Coordinates or Start of Linear Construction Location Coordinates

21.335591785171644,-158.08444242019652

5. Tax Map Key (TMK) No. (1)

TMK Division and Island

1 - Oahu

Zone

9

Section

2

Plat

Portion, Parcel or Lot (If multiple parcel numbers, please separate them with semi-colons)

2;3;4

6. Receiving State Water(s) Information (1)

HAR, Section 11-54-1 defines State waters as

All waters, fresh, brackish, or salt around and within the State, including, but not limited to, coastal waters, streams, rivers, drainage ditches, ponds, reservoirs, canals, and lakes; provided that drainage ditches, ponds, and reservoirs required as part of a water pollution control system are excluded. This chapter applies to all state waters, including wetlands, subject to the following exceptions: (1) This chapter does not apply to groundwater. (2) This chapter does not apply to ditches, flumes, ponds and reservoirs that are required as part of a water pollution control system. (3) This chapter does not apply to ditches, flumes, ponds, and reservoirs that are used solely for irrigation and do not overflow into any other state waters, unless such ditches, flumes, ponds, and reservoirs are waters of the United States as defined at 40 C.F.R. 122.2.

Note: You must identify a receiving State Water before an NPDES permit can be issued. Identify the receiving State water name in relation to the facility or project site based on the topography or contours of the land, excluding evaporation, percolation, retention, detention, etc. The receiving State water must be a surface water. Sample responses for this item include: Pacific Ocean at Sandy Beach, Honolulu Harbor, Pearl Harbor, Aiea Stream, Unnamed Stream Kaloi Gulch, Unnamed Dry Gulch, Unnamed Wetlands, etc.

Receiving State Waters Name

Pacific Ocean

Select the receiving State water CLASSIFICATION:

Classifications are defined in HAR, Chapter 11-54 and on the Water Quality Standards Maps available on the CMB website. The Water Quality Standards Maps are provided for general information only and are to be used in conjunction with HAR, Chapter 11-54.

Click on the link below to download a copy of HAR, Chapter 11-54.

The Water Quality Standards Maps can be found by clicking on the link below.

Receiving State Water Classification

Class A, Marine

Coordinates of the Discharge Point into State waters:

Provide the coordinates of the discharge point (in decimal degrees) where discharge from the facility or construction site first enters the receiving State water. If the discharge first enters a storm drainage system, provide the discharge point coordinates for the outfall where the storm drainage system enters State waters.

If the storm water discharge enters the receiving State water as a sheet flow, provide the coordinates based on the limits of discharge.

For Example:

Type:

Discharge Point 1 (From)

Latitude 21.274685 N, Longitude 158.012768 W

(Click the "+" button in the tab heading row above to enter the next location)

Then type:

Discharge Point 1 (To)

Latitude 21.304811N, Longitude 158.022721 W

Properly label the discharge points with numbers (i.e., Discharge Point No. 1, Discharge Point No. 2, etc.) which correspond to the location map(s) and flow chart(s) submitted.

Discharge Point label

NONE PROVIDED

Discharge Point

21.295532212839873,-158.08635215301513

List all discharges at this discharge point (e.g. storm water associated with construction activities; storm water associated with industrial activities; hydrotesting waters; dewatering effluent; cooling water; secondary treated wastewater effluent; etc.).

storm water associated with construction activities

Is the receiving State water on the Section 303(d) List?:

Click on the link below to view the Section 303(d) List.

Is the receiving State water on the Section 303(d) List?

No

If your Receiving Water is on the Section 303(d) List, please provide the impairment pollutant(s).

NONE PROVIDED

Are there additional discharge points into receiving State waters?

No

If YES was selected, click the "+" button in the tab area at the top of this section to describe additional discharge points into receiving State waters.

7. Receiving Drainage System(s) Information (1)

Does the discharge enter a STORMWATER DRAINAGE SYSTEM before discharging into the receiving State waters?

Yes

If YES selected, provide the information for ALL of the following questions in this section.

Drainage System Owner's Name

State of Hawaii - Department of Transportation

Drainage System Owner's Approval:

Please submit the Drainage System owner's approval to allow the subject discharge to enter their Drainage System. If the project owner also owns the Drainage System, you do not have to submit the approval.

Drainage System Owner's Approval to Discharge

NONE PROVIDED

Please note that if you did not attach the Drainage System Owner's Approval to this application, you are required to submit the Approval to Discharge at least 30 calendar days before the start of construction activities or discharge, whichever is sooner.

Will Drainage System Owner's approval be submitted at least 30 calendar days before start of construction?

N/A.

If the Drainage System Owner is the same as the Owner of this Project, please select one of the following.

Municipal - System is municipally owned and the appropriate Department will be informed and approval granted.

Are there additional Drainage Systems that may receive stormwater runoff from the project?

No

If YES was selected, click the "+" button in the tab area at the top of this section to provide additional Receiving Drainage System information.

8. Authorized Representative

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 necessary to complete the NPDES application to discharge to State waters from the subject facility. Our representative is further authorized to submit information/documents for compliance with the NPDES permit conditions, except submittal of the CMB NOC Form. The Owner hereby agrees to comply with and be responsible for all NPDES permit conditions.

This authorization begins with NPDES application processing and ends upon receipt of the CMB Notice of Cessation (NOC) Form by the CMB. The Owner authorizes the duly authorized representative to submit additional information/documents necessary to complete the NPDES application and to submit information/documents to comply with the NPDES permit conditions. The Owner is responsible for all information/documents submitted by the duly authorized representative for completion of the NPDES application and for compliance with the NPDES permit conditions. The Certifying Person is required to sign the NOC Form for the project. After receipt of the NOC for the project, the duly authorized representative is no longer recognized by the CMB.

The Certifying Person attests that any design consultant listed as the authorized representative meets the requirements of HAR, Section 11-55-07(b) and is either the construction manager or has the authority to order appropriate changes to the treatment system or Best Management Practices during the operation of the facility/project.

Authorized Representative Contact Information:

Complete the following for your Authorized Representative.

Authorized Representative Company/Organization Name

State of Hawaii

Authorized Representative Department

Department of Transportation

Authorized Representative Division

Highways Division

Authorized Representative Mailing Address

869 Punchbowl Street
Honolulu, Hawaii 96813

Authorized Representative Street Address

869 Punchbowl Street
Honolulu, Hawaii 96813

Authorized Representative First Name

Alvin

Authorized Representative Salutation

Mr.

Authorized Representative Last Name

Takeshita

Authorized Representative Email Address

alvin.takeshita@hawaii.gov

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

808-587-2220

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

NONE PROVIDED

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

808-587-2340

9. Discharge Specific Attachments

a. Please select the form(s) for the discharge/activity you are requesting NPDES permit coverage. You may cover multiple discharges under one (1) NPDES permit application.

Form C - Discharges of storm water associated with construction activities.

b. Download and complete appropriate form(s):

For all of the discharges/activities you are requesting NPDES permit coverage (Section 9.a above), please download and complete all of the appropriate forms (Section 9.d below).

c. Upload completed form(s).

[NPDESFormC20130131.pdf](#)

d. Discharge specific forms.:

Please see below for all of the discharge specific forms. A description of the discharge/activity is provided. Click on the link to download the form.

Form B - Discharges of storm water associated with industrial activities. NPDES permit coverage is required for discharges of storm water runoff associated with industrial activity(ies), as categorized in 40 CFR 122.26(b)(14)(i) through 122.26(b)(14)(ix) and 122.26(b)(14)(xi).

Form C - Discharges of storm water associated with construction activities. NPDES permit coverage is required for activities that disturb one (1) acre or more of total land area. NPDES permit coverage is also required for activities that disturb less than one (1) acre of total land area that are part of a larger common plan of development or sale if the larger common plan will ultimately disturb one (1) acre or more of total land area [40 CFR 122.26(b)(15)].

Form D - Discharges of treated effluent from leaking underground storage tank remedial activities. NPDES permit coverage is required for the release or discharge of treated ground water to State waters from the cleanup (or remedial action) of underground storage tanks that have leaked petroleum hydrocarbons.

Form E - Discharges of once through cooling water less than (1) million gallons per day. NPDES permit coverage is required for discharges to State waters of once through cooling water with a total flow of less than one (1) million gallons per day. "once through cooling water" means water passed through the main cooling condensers one or two times for the purpose of removing waste heat.

Form F - Discharges of hydrotesting waters. NPDES permit coverage is required for the release or discharge of hydrotesting waters to State waters. "Hydrotesting Waters" means water used to test the integrity of a tank or pipeline, pipeline disinfection, and/or pipeline flushing.

Form G - Discharges of construction activity dewatering. NPDES permit coverage is required for discharges to State waters of construction activity dewatering effluent. "Dewatering Effluent" is any type of water (e.g. ground water, storm water, stream water, ocean water, etc.) pumped from a construction area.

Form H - Discharges of treated process wastewater associated with petroleum bulk stations and terminals. NPDES permit coverage is required for discharges to State waters of treated process wastewater effluent from petroleum bulk stations and terminals. Treated process wastewater effluent includes tank water draws, product displacement process wastewater, wash down and fire hydrant system test waters, service station tank draws, recovered groundwater, and contaminated storm water runoff from the product storage and handling areas.

Form I - Discharges of treated process wastewater associated with well drilling activities. NPDES permit coverage is required for discharges to State waters of treated process wastewater associated with well drilling activities. Treated process wastewater includes well drilling slurries, lubricating fluids wastewaters, and well purge wastewaters.

Form K - Discharges of storm water and certain non-storm water discharges from small Municipal Separate Storm Sewer Systems (MS4s). NPDES permit coverage is required for storm water and certain non-storm water discharges to State waters from small MS4s.

Form L - Discharges of circulation water from decorative ponds or tanks. NPDES permit coverage is required for discharges to State waters of circulation water from decorative ponds or tanks containing fish or other aquatic species.

Form 2A - Pollutant discharges from a publicly owned treatment works to a State water.

Form 2B - Pollutant discharges from a concentrated animal feeding operation or aquatic animal production facility to a State water.

Form 2C - Discharges of wastewater to a State water from an existing facility, other than described in Form 2A and 2B.

Form 2D - Discharges of process wastewater to a State water from a new, proposed facility, other than described in Form 2A and 2B. Process wastewater is water that comes into direct contact with or results from the production or use of raw materials, intermediate product, finished product, byproduct, waste product, or wastewater.

Form 2E - Discharges of nonprocess wastewater which is not regulated by effluent limitation guidelines or new source performance standards. This form is intended primarily for use by dischargers (new or existing) of sanitary wastes and noncontact cooling water. It may not be used for discharges of storm water runoff or by educational, medical, or commercial chemical laboratories, or by publicly owned treatment works.

Form 2S - Sewage sludge (biosolids) for new and existing treatment works treating domestic sewage.

ZOM Form - Zone of Mixing (ZOM).