

Stormwater Pollution Prevention Plan (SWPPP)
Interstate Route H-1 Resurfacing Miller Pedestrian Overpass to Kapiolani Interchange

Appendix J – Monthly Compliance Reports

Monthly Compliance Report

The owner or its duly authorized representative shall submit compliance information, which shall include but is not limited to notifying DOH of any compliance information as required in its general permit or as required in its NGPC or NPDES, any updates to information already on file with the department, and any incidences of non-compliance and corrective actions. Any comments provided by DOH in response to the information submitted shall be answered in the time specified and to the satisfaction of DOH. If the activity is in compliance and none of the information on file with DOH requires updating, or there were no incidences of non-compliance, reporting is still required which states that there were "no changes, updates, or any incidences of non-compliance to report." NAVFAC HI Duly Authorized Representative shall certify the report and submit to the DOH on a monthly basis. When all construction activities have ceased, the owner shall submit to DOH a completed Notice of Cessation form along with this monthly compliance information. DOH shall receive this information within seven (7) calendar days after the end of the month.

Monthly Compliance Report _____, 20____								
Project:	Interstate Route H-1 Resurfacing Miller Pedestrian Overpass to Kapiolani Interchange						NPDES or NGPC No.:	
Fill out one line of the following the (use additional lines if multiple instances of reportable items to list) for each: 1. Inspection performed during this reporting period (even if no reportable items found); 2. Incidence of Non-Compliance; 3. Incidence of Corrective Action; 4. Correspondence with DOH; or 5. Other compliance information related to the NGPC or NPDES, including SWPPP Modifications 6. For each reportable item, complete additional information on the following page								
Date	No Changes, Updates or Incidence of Non-Compliance	Non-Compliance	Corrective Action	Received DOH Comments	Response to DOH Comments	Other	Description of Change, Incidence, Update, or Non-Compliance:	Signature of Reporting Person
Certification and Signature by Government Duly Authorized Representative								
<p>"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 or imprisonment for knowing violations."</p> <p>Signature:_____ Date:_____</p> <p>Government Duly Authorized Representative</p> <p>Printed Name and Title:_____</p> <p>Company:_____</p>								

Monthly Compliance Report

Additional Information

# _____	Item to Report: <i>(Indicate category from Page 1)</i>	
Date of Report, Incidence, or Other:		
Description of Change, Incidence, Update, or Non-Compliance:		
Date Corrected: <i>(Or indicate current status and projected completion, reason why not yet completed and any other pertinent information)</i>		
Additional Information: <i>(Include any additional details about the reportable incident)</i>		

# _____	Item to Report: <i>(Indicate category from Page 1)</i>	
Date of Report, Incidence, or Other:		
Description of Change, Incidence, Update, or Non-Compliance:		
Date Corrected: <i>(Or indicate current status and projected completion, reason why not yet completed and any other pertinent information)</i>		
Additional Information: <i>(Include any additional details about the reportable incident)</i>		

# _____	Item to Report: <i>(Indicate category from Page 1)</i>	
Date of Report, Incidence, or Other:		
Description of Change, Incidence, Update, or Non-Compliance:		
Date Corrected: <i>(Or indicate current status and projected completion, reason why not yet completed and any other pertinent information)</i>		
Additional Information: <i>(Include any additional details about the reportable incident)</i>		

# _____	Item to Report: <i>(Indicate category from Page 1)</i>	
Date of Report, Incidence, or Other:		
Description of Change, Incidence, Update, or Non-Compliance:		
Date Corrected: <i>(Or indicate current status and projected completion, reason why not yet completed and any other pertinent information)</i>		
Additional Information: <i>(Include any additional details about the reportable incident)</i>		