

Date:

Director
Department of Planning and Permitting
City and County of Honolulu
650 South King Street, HMB, 7th Floor
Honolulu, Hawaii 96813

Dear Madam/Sir:

Subject: Surface Runoff from Construction Activities entering into City's Storm Sewer System

Pursuant to Section 11-55-04, Chapter 11-55, Water Pollution Control, Hawaii Administrative Rules, as amended, we are required to obtain coverage under National Pollutant Discharge Elimination System (NPDES) Permit Program from State Department of Health (DOH) for storm water discharges associated with construction activities. Since surface runoff of storm water from above activities will enter into city's storm sewer system, we are providing the following information for your use:

1. Owner/Lessee Information (owner of facility or activity):

Legal Name: _____

Street Address: _____

City, State and Zip Code: _____

Contact Person & Title: _____

Phone No.: _____ Fax No.: _____

2. Facility/Project Information:

Facility/Project Name: _____

Street Address: _____

City, State and Zip Code: _____

Tax Map Key: _____

Type of Existing/Proposed Facility/Activity: _____

City drainage facility(ies) discharge will be entering: _____

Contact Person & Title: _____

Phone No.: _____ Fax No.: _____

3. Other Information:

Estimated Rate of Discharge (for 10 yrs, 1 hr storm event): _____

Estimated Duration of Discharge: _____

Estimated Size of Disturbed Area _____

Has the Dept. of Health NPDES permit been applied: Yes _____ No _____

Has the Dept. of Health NPDES permit been approved: Yes _____ No _____
(If yes, attach a copy of the permit/NGPC)

4. The following is attached as required in accordance to the City and County of Honolulu, Rules Relating to Soil Erosion Standards and Guidelines, April 1999:

____ Erosion Control Plan (for categories 4 and 5)

____ Site Specific BMP's (for categories 1, 2, and 3)

____ Other (_____)

Should you need any clarification or more information, please call _____
at _____.

I certify under penalty of law that the information contained herein is true, accurate, and complete to the best of my knowledge and belief.

Very truly yours,

Owner/Lessee (Signature)

Print Name

Attachment(s)

<p>For Official Use Only:</p> <p>DPP Project Reference No. 20__ CP- _____</p> <p>Date Received Surface Runoff Form: _____</p> <p>Accepted by: _____</p> <p><input type="checkbox"/> ECP or BMP approved on: / /</p> <p><input type="checkbox"/> The review, approval, and inspection of the BMP for the OTR project shall be the responsibility of the above City agency.</p> <p><input type="checkbox"/> The review, approval, and inspection of the BMP for the government project not reviewed by DPP shall be the responsibility of the above City agency.</p>
