

# CWB NOI Form M

version 6.8

(Submission #: 2NB-ZK4A-Z3F2, version 1)

## Summary

<b>Submission #:</b>	2NB-ZK4A-Z3F2	<b>Date Submitted:</b>	
<b>Form:</b>	CWB NOI Form M	<b>Status:</b>	Draft
<b>Submitted By:</b>		<b>Submission Creator:</b>	Patrick Chee
<b>Active Steps:</b>	Application Submitted		
<b>File/Reference #:</b>		<b>Reference #:</b>	
<b>Description:</b>	CWB NOI Form M		

## Notes

There are currently no Submission Notes.

## Details

### 1. New NOI

I have read the General Permit (HAR, Chapter 11-55, Appendix M) and Standard General Permit Conditions (HAR, Chapter 11-55, Appendix A). I am submitting this NOI since my facility, project or activity complies with the general permit conditions. I certify that I will comply with all conditions of this general permit.

Yes

If you selected "No" above, do NOT complete this NOI. If you submit the NOI, your filing fee will be processed and your request for coverage under this general permit will be denied.

#### Automatic Coverage Selection

A. Claiming Automatic Coverage - The owner or operator may request automatic coverage under the applicable NPDES General Permit if the CWB NOI Form is for a new discharge and he/she believes that the CWB NOI Form is complete, the filing fee has been paid, and that they are complying with the applicable NPDES General Permit requirements. The risks involved with claiming automatic coverage include: i. The CWB NOI Form may later be found to be incomplete by the Director or by a court; ii. The owner or operator may not be covered under the terms of the General Permit, even if the CWB NOI Form is complete; iii. The owner or operator may be acting in conflict with the NPDES General Permit or HAR, Chapter 11-55 even if the owner or operator is complying with its CWB NOI Form; and iv. The Director may modify, revoke and reissue, or terminate an NGPC under HAR, Section 11-55-34.11. The owner or operator may not begin to discharge to State waters if, before the 30th calendar day, the Director notifies the owner or its duly authorized representative that the NOI Form was incomplete. The 30 calendar day period shall start over upon receipt of the revised NOI Form. The Director may issue an NGPC to the owner or operator after automatic coverage applies under HAR, Section 11-55-34.09(e)(2). The Director may impose conditions in an NGPC or add conditions to an issued NGPC to ensure that the activity or discharge(s) complies with the terms and conditions of the NPDES General Permit and to ensure that State Water Quality Standards will not be violated.B.

Waiving Automatic Coverage - The owner or operator agrees to wait until receipt of the NGPC issued by the Department before starting the activity or discharge.

Please choose one of the following:

I elect to WAIVE automatic coverage per HAR, Section 11-55-34.09(g)

I certify under penalty of law that my proposed discharge will not impair any State waters (including but not limited to rivers, streams, wetlands, ponds, ground waters, and ocean), Native Hawaiian cultural resources (including but not limited to burial sites/lwi, heiau, and taro loi), or the exercise of traditional Native Hawaiian cultural practices.

Yes. I certify.

If you answered No above, describe the step(s) you will take to reasonably protect those State waters, Native Hawaiian resources, or exercise of traditional Native Hawaiian cultural practices. Please only include the steps that have been accepted by the Office of Hawaiian Affairs and other appropriate agencies. Note: It is your responsibility under the Constitution of the State of Hawaii to mitigate any impacts.

Hawaii Department of Land and Natural Resources

## 2. Decision Maker

### Decision Maker Legal Name

Hawaii Department of Land and Natural Resources

### Decision Maker Department

Department of Land and Natural Resources

### Decision Maker Division

Division of Forestry and Wildlife

### Decision Maker Mailing Address

1151 Punchbowl St. Rm. 325  
Honolulu, HI 96813

### Decision Maker Street Address

1151 Punchbowl St. Rm. 325  
Honolulu, HI 96813

### Decision Maker Type

Municipal - City, County, or State Government Project

### Signatory Type

The person certifying this NOI (as identified above) must meet one of the following descriptions and be employed by the Decision Maker or be an administrator of the sole proprietorship, trust, or LLC listed in the Decision Maker Contact Information section. 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 descriptions above.

State Agency

**Decision Maker Certifying Person Salutation**

Ms.

**Decision Maker Certifying Person First Name**

Suzanne

**Decision Maker Certifying Person Last Name**

Case

**Decision Maker Certifying Person Title**

Chair of Department of Land and Natural Resources

**Decision Maker Certifying Person Email Address**

suzanne.case@hawaii.gov

**Decision Maker Certifying Person Work Number (e.g., 555-555-5555)**

(808) 587-0401

**Decision Maker Certifying Person Mobile Number (e.g., 555-555-5555)**

NONE PROVIDED

**Decision Maker Certifying Person Fax Number (e.g., 555-555-5555)**

NONE PROVIDED

The Decision Maker contact person may be the staff person with direct responsibility for the facility or project, not necessarily the certifying or "responsible" person.

**Decision Maker Contact Salutation**

Mr.

**Decision Maker Contact First Name**

Patrick

**Decision Maker Contact Last Name**

Chee

**Decision Maker Contact Title**

Small-mammal Control Planner

**Decision Maker Contact Email Address**

patrick.c.chee@hawaii.gov

Decision Maker Contact Work Number (e.g., 555-555-5555)

808-587-4191

Decision Maker Contact Mobile Number (e.g., 555-555-5555)



Decision Maker Contact Fax Number (e.g., 555-555-5555)

NONE PROVIDED

### 3. Applicator Contact

Applicator Legal Name

Island Conservation

Applicator Department

NONE PROVIDED

Applicator Division

NONE PROVIDED

Applicator Mailing Address

923 Nuuanu Ave.  
Honolulu, HI 96817

Applicator Street Address

932 Nuuanu Ave.  
Honolulu, HI 96817

Applicator Contact Salutation

Ms.

Applicator Contact First Name

Patty

Applicator Contact Last Name

Baiao

Applicator Contact Title

Program Manager

Applicator Contact Email Address

patty.baiao@islandconservation.org

Applicator Contact Work Number (e.g., 555-555-5555)



Applicator Contact Mobile Number (e.g., 555-555-5555)

NONE PROVIDED

Applicator Contact Fax Number (e.g., 555-555-5555)

NONE PROVIDED

### 4. Receiving State Water(s) (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. The receiving State water is the first State water that receives the pesticide discharge.

#### Receiving Water Name

Pacific Ocean directly adjacent to the terrestrial landscape of Lehua Island

Note: You must identify a receiving State Water before an NGPC can be issued.

Select the Receiving water CLASSIFICATION:

Classifications are defined in HAR, Chapter 11-54 and on the Water Quality Standards Maps available on the CWB 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.

[HAR, Chapter 11-54](#)

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

[Water Quality Standards Maps](#)

#### Receiving Water Classification

Class AA, Marine

Coordinates of the Discharge Point into State waters

Provide the coordinates (in decimal degrees) based on the limits of discharge in the receiving State water. 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 21.304811 N, 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) submitted.

#### Discharge Point Label

Lehua Island shoreline

#### Discharge Point Coordinates

22.01895284341096,-160.0960251792725  
NONE PROVIDED

Are you requesting General Permit coverage for discharges to Class 1, Inland Waters; Class AA, Marine Waters; or areas restricted in accordance with the State's "No Discharge" policy?

Yes

If "Yes", you are required to justify how the pesticide discharge is necessary to protect public health or the environment. Also, describe how the pesticide discharge will not degrade water quality or will only degrade water quality on a short term basis.

This discharge is necessary to protect the environment. The Lehua Restoration project is intended to completely eradicate Pacific rats from the Island of Lehua which is a bird sanctuary. Being uninhabited and an island that rises over 700 feet above sea level, this bird sanctuary will be critical to the survival of Hawaii's seabirds. This especially with the threat of sea level rise from climate change which will likely submerge many other low-lying islands and shorelines that currently serve as habitat for these birds. The Pacific rats on Lehua Island have over time extirpated several species of seabird, and native plants that once lived there. The rats also prevent several species of seabird from reestablishing populations on the island despite it being otherwise ideal habitat for them. A variety of studies show that a number of birds explore Lehua as a nesting site but have not successfully done so for decades due to being preyed upon by the introduced rat population. The Pacific rats negatively impact the plants and animals that exist on Lehua. If left uncontrolled, the rats may completely extirpate more species of birds and plants. In order to reverse this environmental degradation, the Division of Forestry and Wildlife, along with members of the Lehua Island Restoration Steering Committee are proposing to

eradicate rats from the island using rodenticide. This would occur using either three applications of diphacinone during the month of August or two applications of brodifacoum. Each application would occur seven to ten days apart. The controlled application of rodenticide to the island would be from hopper slung below a helicopter. Although there is no intent to apply the rodenticide bait to the water, there will be incidental bait pellets that will enter the water around Lehua Island due to the need to cover all areas where rats are likely to inhabit. This incursion will happen with each application but given the low number of applications and the low concentration of the active ingredients in the bait pellets (50 parts per million diphacinone or 25 parts per million brodifacoum) the degradation of the water by the rodenticides would be both minimal and temporary given how quickly the baits would break down and dissipate to undetectable levels. The project anticipates that the eradication will be successful and no further action other than monitoring will be required. There will be monitoring of the island to see if eradication was successful and if not, one more round of two applications of brodifacoum would be used the following August in order to complete the eradication. For more details and justification, please refer to the Draft Environmental Assessment for the Lehua Island Ecosystem Restoration Project here: [https://www.fws.gov/pacificislands/Documents/Lehua%202017%20Draft%20EA\\_03May2017.pdf](https://www.fws.gov/pacificislands/Documents/Lehua%202017%20Draft%20EA_03May2017.pdf)

Is General Permit coverage requested for discharge to a Water Quality Impaired Water in response to a Declared Pest Emergency Situation as defined in HAR, Section 11-55-01 and HAR, Section 11-54-4(e)(1)?

No

If "Yes", provide proof of the Declared Pest Emergency Situation (i.e. public declaration by the federal, state, or county government of a pest problem determined to require control through application of a pesticide beginning less than 10 days after identification of the need for pest control.- Attachment

NONE PROVIDED

Comment: NONE PROVIDED

Section 303(d) List

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

[2014 Section 303\(d\) List](#)

Is the receiving State water identified on the Section 303(d) List as impaired by a substance which either is an active ingredient in that pesticide or is a degradant of such an active ingredient?

No

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.

## 5. Authorized Representative

### Authorization

The Decision Maker 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 NOI. Our representative is further authorized to submit information/documents for compliance with the NGPC conditions, except submittal of the Notice of Cessation. The Decision Maker hereby agrees to comply with and be responsible for all NGPC conditions. The responsibility of the authorized representative cannot be delegated to an outside consultant or general contractor with no financial responsibility for the company - they cannot sign as the "authorized representative" on behalf of the Decision Maker. This requirement stems from the fact that self-reporting is critical under the Clean Water Act and Hawaii Water Pollution statute - reports filed with CWB can have serious legal consequences, including possible civil and even criminal liability. The Decision Maker in signing reports, therefore, must be represented by someone who has some responsibility for the corporation's financial interests. By completing this section, the Decision Maker attests that the authorized representative: 1) meets the requirements of HAR 11-55-07(b); 2) works for the same company/organization as the Decision Maker; 3) 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. By completing this section, both the Decision Maker and authorized representative acknowledge that they can be subject to civil and criminal liability for non-compliance with NPDES permit or NGPC conditions, non-compliance with HAR Chapters 11-54 and 11-55, and for falsifying information.

### Authorized Representative Contact Information

Complete the following for your Authorized Representative.

**Authorized Representative Company/Organization Name**

State of Hawaii

**Authorized Representative Department**

Department of Land and Natural Resources

**Authorized Representative Division**

Division of Forestry and Wildlife

**Authorized Representative Mailing Address**

1151 Punchbowl St., Rm. 325  
Honolulu, HI 96813

**Authorized Representative Salutation**

Mr.

**Authorized Representative Street Address**

1151 Punchbowl St., Rm. 325  
Honolulu, HI 96813

**Authorized Representative Last Name**

Smith

**Authorized Representative First Name**

David

**Authorized Representative Title**

Administrator

**Authorized Representative Email Address**

david.g.smith@hawaii.gov

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

808-587-0166

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

NONE PROVIDED

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

NONE PROVIDED

**6. Large Entity**

Is the Decision Maker a Large Entity as defined in HAR, Section 11-55-01?

Yes

If "Yes", did you develop a Pesticide Discharge Management Plan (PDMP) per HAR, Chapter 11-55, Appendix M? Do not submit the PDMP with this NOI. You are required to keep a copy of the PDMP at each address provided in this NOI.

Yes

**7. Pest Management Area**

**Pest Management Area Description.**

Lehua Island, which is 3/4 mile north of Niihau

Pest Management Area Island

Ni?ihau

Pest Management Area County

Kaua?i

Pest Management Area Map- Attachment(s)

Lehua Island NPDES.png

Comment: a) The boundary of the Pesticide Management Area and Treatment areas are within the terrestrial area of Lehua Island. b & c) The Pacific Ocean directly adjacent to Lehua Island is the receiving state water. d) Discharge points are Lehua's shoreline.

Covered Pesticide Use Patterns

Forest Canopy

### 8. Surface Drinking Water Source Discharge

Is coverage requested for discharge to a Surface Drinking Water Source or their tributaries upstream?

No

List the name of the drinking water source(s). The name shall be a receiving State water identified in Section 4.

NONE PROVIDED

I will comply with HAR, Chapter 11-55, Appendix M, Section 1(b)(3).

I have attached a copy of the written consent from the owner(s) of the surface drinking water source for discharges.

Copy of the owner(s) written consent.- Attachment

NONE PROVIDED

Comment: NONE PROVIDED

I have coordinated with the owner(s) of the surface drinking water source to prevent the pesticide treatment water from entering the intake.

### Attachments

Date	Attachment Name	Context	Confidential?
5/11/2017 5:20 PM	Lehua Island NPDES.png	v1 - 7. Pest Management Area	No

### Status History

Date	User	Processing Status
1/5/2017 4:19:56 PM	Patrick Chee	Draft

### Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Application Submitted		
Assign To		



In Review Step Name	Assigned To/Completed By	Date Completed
Issue NGPC		