

STATE OF HAWAII, DEPARTMENT OF TRANSPORTATION  
HIGHWAYS DIVISION, OAHU DISTRICT

CONTRACTOR'S CERTIFICATION OF NPDES COMPLIANCE

Name of Project: \_\_\_\_\_

Route No./Route Name: \_\_\_\_\_

Highways Division I.D. No.: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

The Contractor shall conduct operations to achieve the following minimum protective measures:

- Soil-disturbed areas of the project site, including graded areas, trenches, and stockpiled materials at storage or staging areas, shall be kept to a minimum, and have appropriate erosion and sediment control best management practices (BMPs) implemented.
- Soil stabilization measures shall be immediately initiated and fully implemented within 14 calendar days, or as deemed reasonable by the District Engineer, whenever earth-disturbing activities have permanently or temporarily ceased on any portion of the site.
- Proper BMPs for non-stormwater management and waste management and disposal shall be considered and implemented for all applicable activities on the construction site, throughout the duration of the project.
- Following is a partial list of possible BMPs to be considered for the project:

Preservation of Existing Vegetation  
Permanent Seeding and Planting  
Geotextiles, Mats, Blankets  
Stabilized Construction Egress  
Fiber Roll  
Sediment Basin  
Spill Pans  
Waste Containers  
Street Sweeping

Temporary Seeding and Planting  
Mulching  
Sodding  
Silt Fence  
Storm Drain Inlet Protection  
Dust Suppression  
Covered Storage Areas  
Concrete Washout Disposal Site

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Certification:

"I certify under a penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure 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. Furthermore, I will be responsible for the implementation of the program and am aware that there are significant penalties for failure to adhere to the attached plan and/or allow illegal discharges."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Contractor's License No.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Business Phone No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Emergency Phone No.

\_\_\_\_\_  
City, State, Zip

<b>HDOT PERSONNEL USE ONLY</b>	
Signature of HDOT Personnel from Permit Section who verified that the persons requesting a Permit to Perform Work Upon State Highways has either provided proof that they have a copy of the Construction BMP Manual or have been given a handout that includes the website link where a copy can be downloaded.	
Signature of HDOT Personnel:	
Date:	