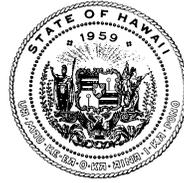


JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'AINA O KA MOKU'AINA 'O HAWAII



KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKOLE

Job No. 02-06
Appendix I.2
NPDES Documents

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P.O. BOX 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

25FH955.FNL.25

September 11, 2025

Via e-mail jtait@kauaiwater.org only

Mr. Joseph E. Tait
Manager and Chief Engineer
County of Kauai
Department of Water
4398 Pua Loke Street
Lihue, Hawaii 96766

Dear Mr. Tait:

Subject: NOTICE OF GENERAL PERMIT COVERAGE (NGPC)
National Pollutant Discharge Elimination System (NPDES)
Kilauea 466' Tank, 1.0 MG
Kilauea, Island of Kauai, Hawaii
File No. HI25FH955

This letter is to notify you that:

COUNTY OF KAUAI
DEPARTMENT OF WATER

(Permittee) is now covered under the NPDES General Permit authorizing discharges of hydrotesting waters. This only authorizes the Permittee to discharge to certain receiving State waters discharge point(s) from certain project location(s), as identified in the Notice of Intent (NOI) Form **HQB-5P9K-921CS** that was submitted at the e-Permitting Portal on September 8, 2025, **provided that Permittee shall comply with applicable administrative rules¹ and the information submitted in the NOI (Administrative Requirements).**

Unauthorized Discharges. Discharges of any pollutants not authorized by or not in accordance with Hawaii Administrative Rules (HAR) Chapter 11-55, Appendix F, including unauthorized discharges of storm and non-storm water, process and non-process wastewater, toxics, nutrients, and other water pollutants to State waters are prohibited. This NGPC cannot be modified (not including changes to contact information), including additions of discharge point locations.

¹ Hawaii Administrative Rules (HAR) Chapter 11-54; HAR Chapter 11-55; HAR Chapter 11-55, Appendix A; HAR Chapter 11-55, Appendix F. HAR Chapters 11-54 and 11-55 are available on the DOH, Clean Water Branch website at: <https://health.hawaii.gov/cwb/>.

Term. This NGPC shall take effect on the date of this letter. **This NGPC shall expire at midnight, January 14, 2027**, or when amendments to HAR Chapter 11-55, Appendix F, are adopted, whichever occurs first.

Certain Requirements. As a reminder, this NGPC requires the Permittee, among other things, to do the following.

1. Record the date, starting and ending times, and duration (e.g., hours, minutes) of each discharge and report the information in conjunction with the Discharge Monitoring Report (DMR). Refer to the General Permit for the DMR due date(s) and any additional monitoring/reporting requirements. The discharge of hydrotesting water shall be monitored by the Permittee as specified below:

For discharges to Kulihaile Stream receiving waterbody:

Effluent Parameter	Effluent Limitations {1}	Units	Monitoring Requirements	
			Measurement Frequency	Sample Type
Quantity of Discharge	Report	Gallons	Once/Discharge {2}	Calculated or Estimated
Total Suspended Solids	55	mg/L	Once/Discharge {2}	Grab {3}
pH	6.0 - 8.0	Standard Units	Once/Discharge {2}	Grab {3}, {4}
Total Residual Chlorine {5}	19	µg/L	Once/Discharge {2}	Grab {3}

mg/L - Milligrams per Liter
 µg/L - Micrograms per Liter

- {1} Pollutant concentration levels shall not exceed the effluent limits or be outside the ranges indicated in the table. Actual or measured levels which exceed those effluent limits or are outside those ranges shall be reported as required by HAR Chapter 11-55, Appendix F, Section 8(c).
- {2} If the permittee collects more than one sample during the month, the maximum value for each pollutant parameter shall be reported. For pH, only report the minimum and maximum for the month. Laboratory results of all sampling shall be included with the discharge monitoring report.
- {3} The Permittee shall sample the discharge after dechlorination and/or filtration within the first five (5) minutes of discharge.
- {4} The pH shall be measured within fifteen minutes of obtaining the grab sample.
- {5} The Permittee shall measure for total residual chlorine immediately after obtaining a sample and only when effluent from disinfection operations is discharged. If total residual chlorine cannot be analyzed immediately (i.e., within the 15-minute hold time as required by 40 CFR Part 136), total residual chlorine field test kits that are compliant with 40 CFR Part 136 methods may be utilized for measurement of total residual chlorine for compliance determinations. A test kit with a method detection limit of 20 µg/l or lower must be used. A discharge monitoring result with a total residual chlorine concentration greater than or equal to 20 µg/l shall be deemed out of compliance with the chlorine effluent limitation. If the permittee cannot analyze for total residual chlorine within the 15 minute holding time, the permittee shall document the reason(s) why and include this explanation with their DMR.

2. Complete and submit the Solid Waste Disclosure Form for Construction Sites to the DOH, Solid and Hazardous Waste Branch, Solid Waste Section, as specified on the form within seven (7) calendar days before the start of the construction activities. The form is available on the e-Permitting Portal at: <https://eha-cloud.doh.hawaii.gov/epermit>.
3. Design, implement, operate, and maintain the project's Hydrotesting BMPs Plan to ensure that the discharge shall comply with the effluent limitations required in this General Permit prior to any discharge to State waters.
4. Submit a new NOI with filing fee and obtain a new NGPC for any revisions to the information submitted in the NOI (with the exception of changes to contact person information for non-transfer of ownerships and changes to the Hydrotesting BMPs Plan). This NGPC cannot be modified.
5. Complete and submit the Notice of Cessation (NOC) within 14 calendar days of completion of the discharge activity.

Compliance Submittals. All NGPC compliance submittals, including the NOC, Notification of Start of Construction or Discharge, DMR, and other required information shall be submitted on the Electronic Signature CWB Compliance Submittal Form for Individual NPDES Permits and NGPCs. This form is available on the e-Permitting Portal at: <https://eha-cloud.doh.hawaii.gov/epermit>.

Other Authorizations. The Permittee is responsible for obtaining other Federal, State, or local authorizations as may be required by law.

Failure to Comply. Failure to comply with Administrative Requirements is an enforceable violation and this NGPC may be terminated. Violations may be enforced pursuant to Hawaii Revised Statutes (HRS) Chapter 342D and are punishable by civil and criminal penalties thereunder.

Falsification of Information. Providing information (including in the NOI) that does not accurately describe what is actually occurring at the project site/facility, may result in criminal penalties for the Permittee and their authorized representative as provided in Clean Water Act², Section 309 and HRS § 342D-35.

DOH Survey. Please complete the DOH Customer Satisfaction Survey regarding your request for General Permit coverage. This brief survey is available on the e-Permitting Portal at: <https://eha-cloud.doh.hawaii.gov/epermit>. Please use the Application Finder button and search for the "Customer Satisfaction Survey."

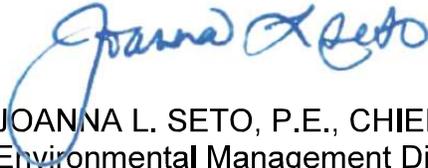
² Federal Water Pollution Control Act, 33 USC § 1251, *et seq.*

Mr. Joseph E. Tait
September 11, 2025
Page 4

25FH955.FNL.25

If you have any questions, please contact the Clean Water Branch (CWB) Enforcement Section or Mr. Bruce Sumida of the CWB Engineering Section at (808) 586-4309.

Sincerely,



JOANNA L. SETO, P.E., CHIEF
Environmental Management Division

BGS:wn

- c: Mr. Scott Suga, County of Kauai, Department of Water
[via e-mail sisuga@kauaiwater.org only]
- Mr. Marcus Pereira, Kodani & Associates Engineers, LLC
[via e-mail marcus@kodani.com only]
- CWB Kauai District Health Office

Electronic Signature CWB NOI Form

version 1.12

(Submission #: HQB-5P9K-921CS, version 2)

Digitally signed by:
eha-ep permit
eha-cloud.doh.hawaii.gov
Date: 2025.09.08 09:37:16 -10:00
Reason: Copy Of Record
Location: Honolulu, Hawaii

Details

Project Name Construct Kilauea 466' Tank, 1.0 MG

Submission ID HQB-5P9K-921CS

Form Input

NPDES General Permit Requirements

National Pollutant Discharge Elimination System (NPDES) General Permits

Please read Hawaii Administrative Rules Title 11, Chapter 55 (HAR 11-55) for information and requirements for each type of general permit.

Note: Upon issuance of the Notice of General Permit Coverage (NGPC) you are required to comply with all requirements and conditions identified in the applicable general permit in HAR 11-55, and any other requirements identified on the NGPC.

[Hawaii Administrative Rules Title 11, Chapter 55](#)

Select the general permit you are requesting coverage under.

Appendix F - Hydrotesting Waters

Notice of Intent (NOI) General Requirements

By submitting this NOI application, you are certifying the following statements:

- I read HAR, Chapters 11-54 and 11-55;
- I understand that State law prohibits any water pollutant to be discharged to a State water except in compliance with HAR, Chapters 11-54 and 11-55;
- I understand that the NPDES General Permits are a privilege and not my right or entitlement;
- I understand that the NPDES General Permits are rules, not permits to be issued;
- I understand that the NPDES General Permits only authorize a specific discharge/activity when I comply with all conditions of the NPDES General Permit;
- I have read every condition of the NPDES General Permit I am requesting coverage under;
- I have determined that my project/activity and organization can, and will, comply with every condition of the applicable NPDES General Permit, and any and all legal obligations;
- I understand that I may only submit the NOI after determining that my project/activity and organization can, and will, comply with every condition of the applicable NPDES General Permit;
- I understand that if I cannot comply with any condition of the NPDES General Permit I need to either fix my organization so that I can comply or I cannot discharge water pollutants to State waters;
- I understand that the Notice of General Permit Coverage (NGPC) is not a permit; it is an authorization to comply with the already issued NPDES General Permit;
- 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;
- I have reported any "after the fact" discharges to the CWB enforcement section; and
- The information provided in this application does not include "after the fact" discharges/activities.

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/iwi, heiau, and taro loi), or the exercise of traditional Native Hawaiian cultural practices.

Yes, I certify.

Is this an NOI to continue coverage under a newly re-adopted general permit? This means that you either have a currently effective or administratively extended NGPC under the previous general permit.

No

Is this an NOI to request new or amended coverage (including non-automatic transfers of ownership) for an already permitted facility? Please note that a new NGPC must be issued prior to the project commencing the new activities that are not covered under the currently issued NGPC or NPDES permit.

No

Permittee Information

Operator Applying to Obtain Permit Coverage on Behalf of Owner

Operators may apply for and receive NPDES permit coverage on behalf of the Owner provided that authorization is granted by the Owner.

If an Operator specifies that they are applying to obtain NPDES permit coverage on behalf of the Owner, the permit will be issued to the Operator and will be the legal entity that the permit coverage is issued to.

Do NOT specify that the Operator is applying on behalf of the Owner if the Operator is only preparing the NOI for the Owner and WILL NOT be designated as the Permittee.

This option is to allow for Operators to be designated as the Permittee for projects that are owned by a different entity.

Is the Permittee the operator of the project/activity applying for permit coverage on behalf of the owner of the project/activity?

No

Select the Permittee Organization Type

Municipal

Permittee Legal Name

County of Kauai

Permittee Department/Office

Department of Water

Permittee Division/Program (Optional)

NONE PROVIDED

Permittee Mailing Address

4398 Pua Loke Street

Lihue, HI 96766

Permittee Street Address

4398 Pua Loke Street

Lihue, HI 96766

Select the appropriate signatory type and confirm that the Certifying Person meets the requirements for the corresponding type. The Certifying Person has to meet the applicable requirement and be employed by the Owner.

Municipal Agency

Municipal Agency

I certify that for a municipal agency, I am a principal executive officer or ranking elected official.

Certifying Person Salutation

Mr.

Certifying Person Information

First Name	Last Name	
Joseph E.	Tait	
Title		
<i>Manager and Chief Engineer</i>		
Phone Type	Number	Extension
Business	808-245-5400	

Certifying Person Email

jtait@kauaiwater.org

Permittee Contact Salutation

Mr.

Permittee Contact Information

First Name	Last Name	
Joseph E.	Tait	
Title		
<i>Manager and Chief Engineer</i>		
Phone Type	Number	Extension
Business	808-245-5400	

Permittee Contact Email

jtait@kauaiwater.org

Authorized Representative

This section is to authorize a representative to act on the Certifying Person's behalf as described below. This section is to authorize an individual other than the Certifying Person to sign certain NPDES submissions.

HAR, Section 11-55-07(b) states: "A person is a duly authorized representative only if: the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, superintendent, or position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company, (A duly authorized representative may thus be either a named individual or any individual occupying a named position.)"

There shall be only one duly authorized representative at any time. The designated duly authorized representative may be changed by the Permittee at any time during the processing of the NOI or the term of the NGPC.

You do not have to press the Validate Address button in the Authorized Representative mailing and street address. If your address has a room number, you will get an error message.

Click on the link below for information on what types of submissions the Authorized Representative will be allowed to sign.
[Signatories to NPDES Forms](#)

Do you wish to designate an authorized representative?

No

Facility/Project Information

Facility/Project Type of Ownership

Municipal

Facility Organization Name

Provide the legal name of the person, firm, public organization, or other entity that operates the facility. The operator of the facility is the legal entity that controls the facility's operation rather than the plant or site manager. Do not use a colloquial name.

Facility Organization Formal Name

County of Kauai, Department of Water

Facility Site or Project Name

Kilauea 466' Tank, 1.0 MG

City where the project/facility is located.

Kilauea

Island where the project/facility is located.

Kauai

Facility/Project Mailing Address

4398 Pua Loke Street

Lihue, HI 96766

Provide the Facility/Project site address. If no formal street address exists (e.g., for projects constructing new developments with no currently existing roads) enter a location description instead. You must still enter a City, State, and ZIP Code.

Wailapa Road

Kilauea, HI 96754

Tax Map Key (TMK) Nos.

Enter the following information in the table below.

1. Provide all TMK numbers associated with the facility/project. A minimum of one (1) TMK is required.
2. You are required to provide the TMK Division, Zone, Section, and Plat. If applicable, provide the Portion, Parcel, or Lot.
3. Select "Add Row" to add additional TMK numbers.

Projects/facilities on Oahu: TMK Division = 1.

Projects/facilities on Maui/Molokai/Lanai/Kahoolawe: TMK Division = 2.

Projects/facilities on Big Island: TMK Division = 3.

Projects/facilities on Kauai/Niihau: TMK Division = 4.

TMK Nos.

Division (e.g., 1)	Zone (e.g., 9)	Section (e.g., 7)	Plat (e.g., 025)	Portion, Parcel, or Lot (e.g., Lots 1-10, 15, & 20)
4	5	1	005	131

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

22.19116561533365,-159.3844345655993

Facility/Project Contact Affiliation

Main Contact

Facility/Project Contact Salutation

Mr.

Facility/Project Contact Person Information**First Name** **Last Name**Scott *Suga***Title***Project Management Officer***Organization Name***County of Kauai, Department of Water***Phone Type** **Number** **Extension**

Business 808-245-5411

Facility/Project Contact Person Email

sisuga@kauaiwater.org

Standard Industrial Classification (SIC) and North American Industry Classification System (NAICS) Codes

Provide your primary SIC and NAICS code associated with your facility and any co-located activities. The primary SIC and NAICS code are the codes that best describe the primary economic activity at the facility. For co-located activities covered by multiple SIC codes, it is recommended that the primary industrial determination be based on the value of receipts or revenues or, if such information is not available for a particular facility, the number of employees or production rate for each process may be compared. The operation that generates the most revenue or employs the most personnel is the operation in which the facility is primarily engaged. In situations where the vast majority of on-site activity falls within one SIC code, that activity may be the primary industrial activity.

Sector and subsector information are only applicable for industrial storm water coverages.

For construction activities, the SIC code(s) are those that most accurately describe the activities of the Permittee.

SIC Codes

SIC Codes may be found at the link below.

[SIC Codes](#)

NAICS Codes

NAICS Codes may be found at the link below. Click on Concordances to access the SIC to NAICS code spreadsheets.

[NAICS Codes](#)

Primary SIC and NAICS Code

Primary SIC Code	Corresponding NAICS Code	Sector	Subsector
1795	238910		

Are there any additional SIC and NAICS codes?

Yes

Additional SIC and NAICS Codes

SIC Code	Corresponding NAICS Code	Sector	Subsector
1794	238910		
1623	237110		

Existing or Pending Permits, Licenses or Approvals

Provide the permit number for any applicable Federal, State, or County permits, licenses, or approvals for the project.

Other permits, licenses and approvals include but are not limited to:

- NPDES Individual Permit
- NPDES NGPC
- Section 401 WQC
- Individual Wastewater System Approval
- Recycled Water Reuse Permit
- Hazardous Waste Permit
- Solid Waste Management Permit
- Underground Storage Tank Permit
- Underground Injection Control Permit
- Agricultural Burning Permit
- Air Pollution Control Permit
- Department of the Army Permit (Section 404)

Note: If your project requires work in, above, under or adjacent to State waters, please contact the Army Corps of Engineers (USACE) Regulatory Branch at (808) 438-9258 regarding their permitting requirements.

Are there any other existing or pending NPDES permits/NGPCs associated with this project/facility?

No

Are there any other existing or pending (non-NPDES) permits, licenses or approvals associated with this project/facility?

Yes

Permits, Licenses, or Approvals

Permit, License, or Approval	Status	File Number (or Other Identifier) if Applicable
Other: Grading Permit	Pending	NONE PROVIDED
Other: Building Permit	Pending	NONE PROVIDED

Is the facility on the Superfund Amendments and Reauthorization Act (SARA)313 list?

No

Topographic Map(s)

Attach a topographic map or maps to this submission of the area extending at least one mile beyond the property boundaries of the site which clearly show the following:

1. Island on which the project/facility is located;
2. Legal boundaries of the site;
3. Location and an identification number for each of the site's existing and proposed intake and discharge structures; and
4. Receiving state water(s) and receiving storm water drainage system(s) identified and labeled. If the receiving state water is a wetland, submit a map showing the delineated wetland.

Specify the names of the map(s) that identify these items below.

Topographic Maps

[250324 kilauea tank npdes App A.1 - A.3.pdf - 04/02/2025 09:16 AM](#)

Comment

NONE PROVIDED

Required Maps

Required Map	Submitted Map(s) Name(s)
Island on Which the Project/Facility is Located	Appendix A.1
Legal Boundaries of the Site	Appendix A.2
Location and an Identification Number for Each of the Site's Existing and Proposed Intake and Discharge Structures (i.e., discharge points/outfalls)	Appendix A.2, A.3
Receiving State Water(s) and Receiving Storm Water Drainage System(s) Identified and Labeled and Wetland Delineations	Appendix A.2

Permitted Feature(s) Information (1 of 1)

Permitted Feature Type

External Outfall

Permitted Feature Actual Average Flow (Million Gallons per Day).

0.2

Receiving State Waters

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.

A receiving State water is the first State water that receives the discharge (e.g., if the discharge enters into a stream that later flows to the ocean, the receiving State water is the stream).

Note: You MUST identify a receiving State Water before an NGPC or 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 for Permitted Feature

Kulihaili Stream

Watershed

HAR 11-54-01 defines a "drainage basin" or "watershed" as the area drained by a stream or river system.

Use the link below to access the Hawaii State ArcGIS watershed map to find the name of the watershed that the permitted feature is discharging to. Enter the name exactly as identified on the map.

[Watershed Map](#)

Watershed Name for Permitted Feature

Kilauea

Select the receiving State 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](#)

Water Quality Standards Maps

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

Note: The maps are a geographic representation of Hawaii State Water Quality Standards as set forth in Hawaii Administrative Rules Chapter 11-54, but are intended for reference only, not to substitute for the governing language in the Water Quality Standards.

[Water Quality Standards Map](#)

Receiving State Water Classification

Class 2, Inland

Receiving Water Type

Stream, Natural Ditch, Natural Gulch

Coordinates of the Permitted Feature

For External Outfalls:

Provide the coordinates of the external outfall (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, the external outfall coordinates are where the storm drainage system discharges into 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:

001A

Latitude: 21.274685, Longitude: -158.012768

(Complete the rest of this section then select "Add New" at the end of this section to enter the next location)

Then type:

001B

Latitude: 21.304811, Longitude: -158.022721

This indicates that the discharge is entering the State waters as a sheet flow bound by the coordinates of 001A to 001B.

Permitted Feature Identifier (Name, e.g., 001, 002, 003, etc.)

001

Permitted Feature Location

22.206647669637384,-159.38414728856299

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

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

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

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

No

Additional Permitted Features

Select "Add New" to add additional permitted features. All permitted features to be covered under this permit must be accounted for. Additional permitted features cannot be added once an NGPC is issued.

Receiving Drainage System(s) Information (1 of 1)

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

No

NOI Form F

F.1 - General Information

You are required to fulfill all requirements. By submitting the NOI, you are certifying that:

- I will design, implement, operate, and maintain a Hydrotesting Best Management Practices (BMPs) Plan to ensure that my discharges of hydrotesting waters will not violate HAR, Chapter 11-54; HAR, Chapter 11-55; and HAR, Chapter 11-55, Appendix F.
- My Hydrotesting BMPs Plan shall include good housekeeping practices to prevent the introduction of pollutants to the hydrotesting effluent; mitigative measures (i.e., filtration system, dechlorination method, etc.) which will be installed to prevent pollutants that may be present in the hydrotesting effluent from entering the receiving State waters; and will contain appropriate measures to address Section 303(d) pollutants of concern for my receiving State water.
- Prior to any discharge of hydrotesting effluent, I will provide treatment to remove all pollutants of concern identified in Sections F.5, F.6, and F.7.

F.2 - Maps

Attach, title, and identify all maps (pdf - minimum 300 dpi) listed below. Please reference which maps account for the features listed below.

Maps

[250324 kilauaea tank npdes App A.1 - A.3.pdf - 04/02/2025 09:16 AM](#)

Comment

NONE PROVIDED

Location(s) of the activity.

Appendix A.1-A.3

Location of the tank, waterlines and/or sewer lines to be hydrotested.

Appendix A.3

Location of permit compliance sampling point(s).

Appendix A.3

Note

You are required to specify the monitoring points where samples will be taken to demonstrate permit compliance. All samples

will be taken before the effluent joins or is diluted by any other wastestream, body of water, or substance. No discharge is authorized which does not totally pass through the final monitoring point. If the permit is issued, monitoring points shall not be changed without notification to and the approval of the Director of Health.

F.3 - Flow Chart or Line Drawing

Attach a flow chart showing the following (Select each item, as applicable).

- General route taken by hydrotesting water through the project or activity from intake to the discharge point
- Structures to be hydrotested
- Hydrotesting Best Management Practices (BMPs) utilized (e.g., dechlorination, filtration, etc.)
- State water name(s) receiving hydrotesting effluent
- Drainage system(s) receiving hydrotesting effluent, as applicable (e.g., City and County of Honolulu Municipal Separate Storm Sewer System (MS4), etc.)
- Estimated quantity of flow through each applicable route from upslope to the receiving State water

Indicate which item(s) are not identified and explain why the item(s) are not identified.

NONE PROVIDED

Flow Chart

[250324 kilauea tank npdes drawings-App A.3.pdf - 04/02/2025 09:17 AM](#)

Comment

NONE PROVIDED

F.4 - Activity Description

Provide an overview, or describe the hydrotesting activities.

Hydrotesting activities shall apply to the 1.0 MG water storage tank, temporary water storage tanks, and all applicable supply and drainage lines. Please refer to Attachment A.3 included in the File Upload section for "Flow Chart."

Provide the estimated date when construction will begin.

01/01/2026

Provide the estimated date when construction will end.

01/01/2028

Provide the estimated date when hydrotesting activities will begin.

06/01/2026

Provide the estimated date when hydrotesting activities will end.

09/01/2027

Flow Rate	Value	Units (cfs or gpd)
Estimated Average Daily Flow Rate	4000	gpd
Estimated Maximum Daily Flow Rate	200,000	gpd

Provide the estimated total quantity of discharge.

1,100,000 Gal.

F.5 - Physical Hydrotesting Water Quality

Provide the source(s) of hydrotesting water (e.g., BWS Kunia well, Nuuanu Reservoir, etc.).

Kilauea Well #1 & #2

Is the source of hydrotesting water potable?

Yes

You are required to fulfill all requirements below.

The source of hydrotesting water is potable, and I have attached the water quality analysis from the source water treatment/distribution operator (i.e. Board of Water Supply, County Department of Water, etc.) below. I acknowledge that no further testing of the source water is necessary.

Enter the Outfall No. and select "Believed Present" or Believed Absent" for each pollutant based on test results or your best estimate. All outfalls must be accounted for.

Outfall Number	Floating Debris	Scum or Foam	Color	Odor
1	Believed Absent	Believed Absent	Believed Absent	Believed Absent

F.6 Water Quality Parameters

If the source of hydrotesting water is POTABLE, you are required to attach the water quality analysis from the source water treatment/distribution operator (i.e., Board of Water Supply, County Department of Water, etc.) below.

If the source of hydrotesting water is NON-POTABLE, you are required to provide sampling results of the source water for parameters listed in the spreadsheet below and attach the results to this submission.

By submitting the sampling results, you certify that you have met the following requirements:

- All of the parameters in the Water Quality Parameters spreadsheet were tested for in the source water, and a copy of the laboratory data sheets with Quality Assurance/Quality Control and Chain of Custody documents are included in this submission.
- A description of the sample collection technique is included in this submission.
- All test results were obtained from a representative sample as defined in HAR, Chapter 11-55, Appendix A, Section 14(a). Note: The burden of proving that sampling or monitoring is representative is on the Permittee.
- The test methods utilized were promulgated in 40 CFR Part 136 and, when applicable, listed in the references of chemical methodology for seawater analyses (see HAR, Chapter 11-54, Section 10(b)). Note: If a test method has not been promulgated for a particular parameter, you may apply for approval of an alternate test procedure by following 40 CFR Section 136.4.
- The test methods utilized have detection limits below and closest to the numerical limit specified in HAR, Chapter 11-54. For situations where the numerical limitation is below the detection limit of the test methods, the test method which has the detection limit closest to the numerical limitation was utilized.

[Water Quality Parameters Table](#)

Source Water Treatment Distributor Water Quality Analysis or Water Quality Parameters Sampling Results and Supporting Documents (including Laboratory Data sheets, QA/QC and Chain of Custody documents, and a description of the sample collection technique)

[2024 Water Quality Report - Kilauea.pdf - 03/31/2025 04:56 PM](#)

Comment

NONE PROVIDED

F.7 Toxic Parameters

If your source water is NON-POTABLE, you are required to conduct sampling for the parameters listed in the spreadsheet below. Click on the link below to download the Toxic Parameters spreadsheet. You are required to attach the results to this submission.

By submitting the sampling results, you certify that you have met the following requirements:

- All of the parameters in the Toxic Parameters spreadsheet which are believed to be present in the effluent were tested and the results are reported (in micrograms per liter) in the attached spreadsheet.
- For all test results that were not detectable, a value of "N.D." or "not detected" was entered in the **Test Result** column of the attached spreadsheet.
- For all parameters not believed to be present, a value of "N/A" for "not applicable" was entered in the **Test Result** column of the attached spreadsheet.
- You acknowledge that if the **Test Result** columns of the attached spreadsheet are left blank, the CWB will consider these parameters to be present.
- A copy of the laboratory data sheets with Quality Assurance/Quality Control and Chain of Custody documents are included in this submission.
- All test results were obtained from a representative sample as defined in HAR, Chapter 11-55, Appendix A, Section 14(a). Note: The burden of proving that sampling or monitoring is representative is on the Permittee.
- The test methods utilized were promulgated in 40 CFR Part 136 and, when applicable, listed in the references of chemical methodology for seawater analyses (see HAR, Chapter 11-54, Section 10(b)). Note: If a test method has not been promulgated for a particular parameter, you may apply for approval of an alternate test procedure by following 40 CFR Section 136.4.

- The test methods utilized have detection limits below and closest to the numerical limit specified in HAR, Chapter 11-54. For situations where the numerical limitation is below the detection limit of the test methods, the test method which has the detection limit closest to the numerical limitation was utilized.

[Toxic Parameters Table](#)

Toxic Parameters Glossary

Click on the link below to download the Toxic Parameters Glossary.

Please note the following:

- This glossary is for general use and is not intended to be a complete or definitive reference.

- The parameters are categorized into Metals, Organonitrogen Compounds, Pesticides, Phenols, Phthalates, Polynuclear Aromatic Hydrocarbons, Volatile Organics, and Others and are listed alphabetically.

- The information was obtained primarily from Environmental Protection Agency (EPA) Ambient Water Quality Criteria documents which are referenced in EPA's Quality Criteria for Water (EPA 440/5-86-001), updated May 1, 1987. Additional information was obtained from the EPA pamphlet [Suspended, Cancelled and Restricted Pesticides](#), January 1985; The Condensed Chemical Dictionary, 10th Ed. (Van Nostrand Reinhold Co., Inc., New York, 1981); and The Farm Chemicals Handbook (Meister Publishing Company, Willoughby, OH, 1988).

- Information on organotins was obtained from the International Organotin Symposium held at Halifax, Nova Scotia in September 1987 and published in Volume 4 of the Oceans '87 Proceedings, by the Marine Technology Society, Washington D.C., and IEEE Ocean Engineering Society, Piscataway, NJ.

[Toxic Parameters Glossary](#)

Note

Since you indicated that the source of hydrotesting water is potable, toxic parameter sampling is not required.

F.8 - Hydrotesting Best Management Practices (BMPs) Plan

You are responsible for the design, implementation, operation, and maintenance of the Hydrotesting BMPs Plan to ensure that discharges of hydrotesting waters will not cause or contribute to a violation of HAR, Chapter 11-54, Chapter 11-55, and Chapter 11-55 Appendix F.

This plan shall include good housekeeping and mitigative measures to prevent pollutants that may be present in the hydrotesting water from entering state waters, to ensure that the hydrotesting water discharge will meet the conditions of this general permit, basic water quality criteria, and applicable specific water quality parameters.

Select the applicable response.

My discharge will enter Class A or Class 2 waters.

Select when you will submit your Hydrotesting BMPs Plan

I will attach my Hydrotesting BMPs Plan that complies with Section F.1 to this submission.

Hydrotesting BMPs Plan

[250324 kilauea tank npdes drawings-App A.3.pdf - 04/02/2025 09:17 AM](#)

Comment

NONE PROVIDED

Additional Information

Additional Information

NONE PROVIDED

Comment

NONE PROVIDED

Payment Information

How are you planning to pay the filing fee for this submission?

Online Payment

Revisions

Revision	Revision Date	Revision By
Revision 1	3/17/2025 2:18 PM	Marcus Pereira
Revision 2	9/2/2025 10:43 AM	William Eddy

Agreements and Signature(s)

SUBMISSION AGREEMENTS

- I am the owner of the account used to perform the electronic submission and signature.
- I have the authority to submit the data on behalf of the facility I am representing.
- I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
- I have reviewed the electronic form being submitted in its entirety, and agree to the validity and accuracy of the information contained within it to the best of my knowledge.

Certification Requirements

By submitting this form, you certify the following statement:

"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 and imprisonment for knowing violations."

You also certify:

1. *That for an initial or renewal application, the individual submitting this application meets the Certifying Person requirements as defined in HAR 11-55-07(a) and matches the Certifying Person identified in the Owner Information section.*
2. *That for a revised application (an application re-submitted at the request of the CWB) the individual submitting this revised application either:*
 - *Meets the Certifying Person requirements as defined in HAR 11-55-07(a) and matches the Certifying Person identified in the Owner Information section; or*
 - *Meets the Authorized Representative requirements as defined in HAR 11-55-07(b) and matches the Authorized Representative identified in the application, except when a revised application is requested to revise Certifying Person information.*

Once you have finished reviewing this application and agree to certify the statements above, complete the submission agreements below then click on the submit button to complete the electronic submission of your application. The DOH-CWB will process all applications in the order received. Please note that the DOH-CWB will contact all relevant submission contacts if there are any deficiencies in your application, or if additional information is requested.

Signed Joe Tait on 09/08/2025 at 9:36 AM
By