



Notification Form for Sites Disturbing Less Than One Acre (Not Part of a Larger Common Plan of Development)

PROJECT DESCRIPTION			
Date:			
Airport District:			
Project/Site Name:			
Projected Start Date (MM/DD/YYYY):		Projected Completion Date (MM/DD/YYYY):	
Describe the project:			
Yes	No	Does the project include the installation of any of the following (refer to SWMPP Section D, 1.1)?	
<input type="checkbox"/>	<input type="checkbox"/>	Steep slopes (i.e. grade of 20% or more).	
<input type="checkbox"/>	<input type="checkbox"/>	Parking lot or building adding 10,000 square feet or more of impervious area within 50' of surface water.	
<input type="checkbox"/>	<input type="checkbox"/>	Uncontained aircraft, vehicle, or equipment washing area.	
<input type="checkbox"/>	<input type="checkbox"/>	Fueling or petroleum storage area that exceeds requirement for SPCC (i.e. 1,320 gal).	
<input type="checkbox"/>	<input type="checkbox"/>	Modifying, replacing, or installing new MS4 drainage structures.	
If yes to any of the above, describe the permanent BMP to be implemented or provide explanation for exemption.			

PROJECT INFORMATION	
TENANT OWNER / DOTA PROJECT MANAGER	
Name:	
Project Point of Contact:	
Mailing Address:	
Phone:	
Email Address:	
ENGINEERING / DESIGN COMPANY	
Name:	
Point of Contact:	
Mailing Address:	
Phone:	
Email Address:	
CONTRACTOR	
<i>Information may be provided at a later date if Contractor has not been selected at the time of plan review.</i>	
Name:	
Point of Contact:	
Mailing Address:	
Phone:	
Email Address:	



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SITE INFORMATION			
Construction Site Location: (Street Address, Nearest Intersection, Etc.)			
Latitude:		Longitude:	
Tax Map ID:			
Disturbed Area (to nearest tenth of an acre):		Total Project Area (to nearest tenth of an acre):	
Existing Percentage of Impervious Area:		Percentage of Impervious Area After Project Completion:	

WATER BODY INFORMATION			
Nearest Receiving Water Body(s) [RWB]:		Distance to Nearest RWB (feet):	
Any New or Modified Storm Drain Connections:			
Location or ID # of Storm Drains On/Adjacent To Project Area:			
Has the site-specific BMP plan (SSBMP) been attached?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do site BMPs control potential pollutants to the maximum extent practicable?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the project include permanent BMPs? (If not, provide justification)			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SIGNATURES AND CERTIFICATIONS		
<p>Per my signature below, I hereby certify that this project is not part of a Larger Common Plan (LCP) for Development. I understand that additional construction activities at this site may require permit coverage and I am responsible for obtaining any federal, state, or local permits that may be required for this project.</p> <p>I certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of all relevant regulations including, but not limited to, the Federal Clean Water Act (33 USC 1251), Hawaii Revised Statutes 342D, Hawaii Administrative Rules (HAR) §11-55 and §11-55, Honolulu International Airport's Small Municipal Storm Water Sewer System (Small MS4) National Pollutant Discharge Elimination System (NPDES) Permit (Permit No. HI S000005), and Storm Water Management Program Plan. Failure to do so may result in penalties. I hereby acknowledge that personnel from the Hawaii Department of Transportation's Airports Division or Hawaii Department of Health has the right of access to the site at all times for the purpose of on site inspections during the course of construction and to perform inspections following the project completion. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>		
_____ Printed Name of Project Designer	_____ Signature of Project Designer	_____ Date
_____ Printed Name of Tenant Owner (if applicable)	_____ Signature of Tenant Owner (if applicable)	_____ Date



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Reviewed by: _____ Date: _____

Notes:

1. This form is for the use on projects that will disturb less than 1 acre and are **not** a part of Larger Common Plan (LCP) for development. **If this project is part of a LCP for sale or development this form may not be used.**
2. You must type or print legibly. You must include the original, signed notification form and two (2) copies of a sketched plan outlining the anticipated activities and the location of all proposed sediment and erosion control devices.



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Figure 1: Sample Small Project Erosion and Sediment Control Plan Drawing

N
Scale 1" = 30'

Notes:

To establish a finish floor elevation, collect ground elevations on a grid over the area of the lot.

Finish floor elevation should make a smooth transition to the public sidewalk and planter strip.

Maintain positive drainage away from all structures.

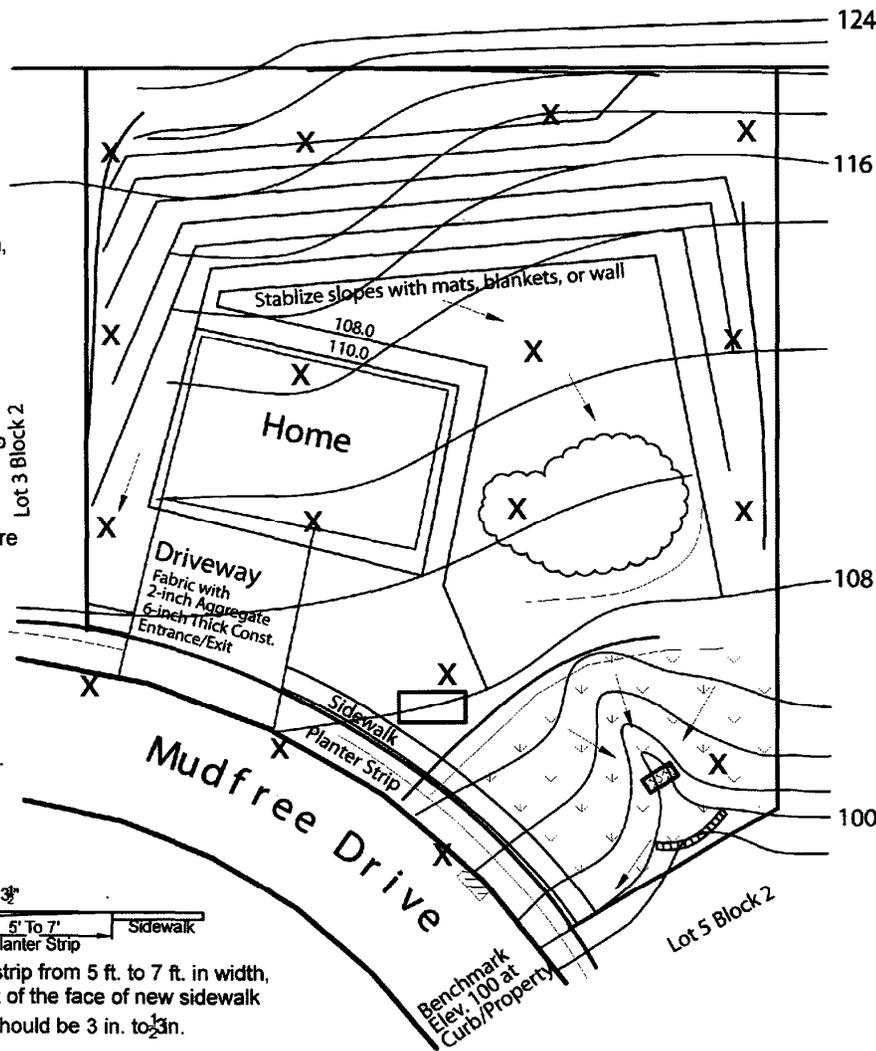
Maximum slope 2 feet horizontal to 1 foot vertical 2:1.

Erosion control matting on slopes greater the 3:1.

Any wall over 4 foot high will require separate permit.

Aggregate entrance/exit should extend from the roadway a min of 50 feet or to the house foundation (which ever is less).

Failure to adequately maintain erosion and sediment control measures constitute a violation of the issued building or other permit. Wind erosion control measures shall be in place.



If there is a planter strip from 5 ft. to 7 ft. in width, the standard height of the face of new sidewalk above top of curb should be 3 in. to 3 1/2 in.

- Legend & Symbols -

Property (Boundary) Line	—
Limits of Grading	—
Fiber Roll Barrier	⤿
Sediment Barrier	—
Natural Contour	— 112
Finished Grade	—
Stock Pile	☁
Natural ground elevation shots	X
Concrete Washout Area	□
Check Dam or Rip Rap	▨
Final Drainage Path (grade to drain)	→
Undisturbed Vegetative Cover	∨ ∨
Storm Water Inlet Protection	▨

- Required Information -

City of Pocatello Erosion and Sediment Control Certified Person: _____
 Certification # _____ Exp. Date: _____
 Company: _____
 Address: _____
 Telephone Number: _____
 Signature: _____