



NPDES GENERAL PERMITS WORKSHOP

Honolulu Country Club • 1690 Ala Puumalu Road, Honolulu
Friday, August 24, 2012

The *GCA Environment Committee* presents the following NPDES General Permits Workshop in partnership with Clean Water Branch, State of Hawaii Department of Health. Clean Water Branch will give an overview of its *new e-Permitting System Portal*.

AGENDA

- 7:30 Registration / Breakfast Buffet
8:00 Introduction to NPDES General Permits
- **2012 Renewal NOI Instructions**
 - a. Step 1 – Open – e-Permitting Portal
 - b. Step 2 – Register and Sign in
 - c. Step 3 – Locate 2012 Renewal Notice of Intent Form
 - d. Step 4 – Complete and Submit NOI
 - e. Step 5 – Track and Manage NOI Submission
 - Renewal NOI Important Notices
 - Reminders
 - Future e-Permitting Portal construction storm water NOI
 - Question & Answer
- 11:00 Closing

Please list issues or concerns you would like addressed at this workshop.

1. _____
2. _____
3. _____

Space is limited. A confirmation notice will be sent to confirm your attendance. If you did not receive a confirmation, please call GCA at 833-1681 ext 21.

To register, please fill out form and fax to 839-4167 or email to info@gcahawaii.org. Once registration is received, a confirmation will be sent.

Please reserve _____ space(s) for our company at \$75 per person for members/\$95 non-members.

LIST NAME(S) ATTENDING (PLEASE PRINT)

For billing purposes, please (✓) below where applicable:

Payment Enclosed Total \$ _____

Please bill company. (GCA Member Only)

For credit card payment, please fill out the attached Credit Card Authorization Form.

Name: _____

Company: _____

E-mail: _____

Mailing: _____

City/Zip: _____

Phone: _____

FAX: _____

Please note!! To avoid being billed in full, cancellations MUST be made by Friday, August 10, 2012.

1065 Ahua Street
 Honolulu, HI 96819
 Phone: 808-833-1681 FAX: 839-4167
 Email: info@gcawhawaii.org
 Website: www.gcawhawaii.org



GCA of Hawaii

GENERAL CONTRACTORS ASSOCIATION OF HAWAII

Quality People. Quality Projects.

**PLEASE FAX WITH YOUR
 REGISTRATION FORM TO:
 839-4167**

CREDIT CARD AUTHORIZATION FORM			
NAME ON CARD:			
COMPANY:			
BILLING ADDRESS:			
CITY/STATE/ZIP			
PHONE:		FAX:	
AMOUNT:			
CREDIT CARD TYPE:			
<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER
CARD NUMBER:			
EXP. DATE:		CODE:	
EVENT & LOCATION:			
DATE OF EVENT:			
SIGNATURE:		DATE:	
CONTACT PERSON			

<input type="checkbox"/> Check box to request credit card receipt to be emailed @ _____
<input type="checkbox"/> Check box to request original credit card receipt to be mailed.
<input type="checkbox"/> Check box to request copy of credit card receipt to be faxed.

<i>FOR GCA OFFICE ONLY:</i>
<i>RECEIVED BY:</i>
<i>DATE:</i>