Notice to Requester

	uary 24, 2011					
	oll Cox				XXXXX	carroll@carrollcox.co
	d and Hazardous Wa			_		
	<u>Ala Moana Boulevar</u> partment Name, Nam	d, Koom 212 e & Telephone Numb	PHONE:	586-4226	FAX#:	586-7509
				_	•	
ACCESS TO	THE GOVERNMENT	RECORD YOU REC	UESTED (cop	y of request at	ttached or	r brief description below)
	est dated 1/18/2					, , , , , , , , , , , , , , , , , , ,
2.						
3.					····	
will be	granted in its entirety					
canno	be granted because					w.
	agency does not ma	intain the requested i	record.			
	agency needs a furt	her description or clai	rification of the	requested rec	ord. Plea	ase contact the agency
	willing uays t	n your request will be	: considered ab	andoned		
/	readily retrievable.	quire the agency to c	reate a summa	ary or compilat	ion from i	records that is not
_√ is denie	d in its entirety or will	be granted only to ce	ertain part(s) of	f this governme	ent record	d. Denial of access to
0113 01 1	or done or this govern	iment record is denie	id based ubob t	the tallowing e	ubsection	ac of cootion DOT 40
Hawan	Neviseu Statutes, Ori	outer laws as cited be	∍low. The porti	ons of the rec	ord that th	ne agency will not
disclose	are described in ger	ieral terms.				0 ,
STATU	ΤE	R	ECORD OR PO	ORTIONS WIT	TUUELD	•
						61 d
	aii Revised Sta t be confidenti					
	a legitimate go			Henr to avo)Id cire	Ilustration
. 01	a regitimate 80	/eliment rancera)11 •			
METHOD AND	DATE OF DISCLOS	JRE:		,		(MonFri.)
Inspecti	on at the following loo ovided to you: Wai	ation: <u>919 Ala Moar</u>	na Blvd, Room	212 On (date	e/time): _	7:45 a.m4:30 p.m.
<u>XX</u> *Copy pr	ovided to you: Wai	manalo Guich Sai	nitary Land	fill permit	t onLy	
av	ailable for pick-up at t be mailed	he agency on (date/ti	ime):			
	nsmitted by other me	ans as requested (C:	arroll@carr	ollcox.com)	
Increme	ntal Disclosure: The r	ecord will be disclose	ed incrementally	v (The agenc	rv muet at	ttach a description of
exteriual	ing circumstances th	at support its intentior	n to disclose in	crementally 9	,y muai ai See sectic	on 2-71-H.A.R.) The
first incre	ement will be available	∍ on			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	METTIMARY THO
		See Back for Info				
hould you have atisfied with the	questions about the agency's response,	agency's response, y you may call the Offic	ou may contacted of Information	at the person non Practices at	amed abo (808) 58	ove. If you are not 6-1400.
GENCY WILL	CONTACT REQUES	TER WHEN RECOR	DS ARE AVAIL	ABLE FOR R	EVIEW.	
*Pls re	nit \$3.10 for co	st of copies.				
					0	ND 0 / 7/00/00)
					U	OIP 2 (rev. 7/29/99)

DoH Solid and Hazardous Waste Branch 808 - 586-750 9

REQ	UEST TO ACCESS A GOVERNMENT RECORD
DATE:	1/18/11
TO:	DoH /SHWB
FROM:	THE CARROLL COX SHOW c/O cARROLL COX
	Name or Allas P.O. Box 89-4202 Mililani HI 96789 Contact information
	Contact Information 808-782-6627 Fax 808-625-2175
is unable to	are not required to provide any personal information, you should provide enough information to incy to contact you about this request. The processing of this request may be stopped if the agency contact you. Therefore, please provide any information that will allow the agency to contact you is, telephone or fax number, mailing address, e-mail address, etc.).
I MOULD L	KE THE FOLLOWING GOVERNMENT RECORD:
Describe the name, subject information to government recopy of all wear	government record as specifically as possible so that it can be located. Try to provide a record to matter, date, location, purpose, or names of persons to whom the record refers, or other nat could help the agency identify the record. A complete and accurate description of the acord you request will prevent delays in locating the record. Attach a second page if needed, ther data collected by Waste Management Inc. from 1/5/11 to 1/19/11.
opy of all com	munications to the DoH from WMI regarding damage to Cell E6 from 1/1/1₿ -1
opy of all com	munications from WMI regarding stormwater management from $10/1/10$ to $1/1/10$ to $1/1/10$ to $1/1/10$
☐ To ins	spect the government record.
	y of the government record: (Please check one of the options below.) See the back of this page primation about fees that you may be required to pay for agency services to process your record it. Note: Copying and transmission charges may also apply to certain options.
H	Pick up at agency (date and time): Mail Fax (toll free and only if available)
XXXXXXXX	ther, if available (please specify): email to carroll@carrollcox.com
format	gency maintains the records in a form other than paper, please advise in which you would prefer to have the record.
XXXXX	XXXXXIII Carroll@carrollcox.com
☐ Check	this box if you are attaching a request for waiver of fees in the public interest aiver information on back).
	SEE BACK FOR IMPORTANT INFORMATION
opy of all requ	est for emergency actions from WMI from 10/1/10 to present.
	ont Solid Waste Mngt. permit issued to WMI to operate the WGC landfill.
	ction reports regarding the WGC landfill form 11/1/10 to present including phot

ATTACHMENT

REQUEST TO ACCESS A GOVERNMENT RECORD

Reviewed	by:		
	(Print Name)	• • • • •	Date
Company N	Name: (Print)		
	(For Dept. Use Only)		
	Manager, Solid & Hazardous	Wa	steBranc
	Date: //24/20(1		
FEES (first \$3	0 for Search, Review, & Segregation is waiv	ed):	
Search	minutes/hours (\$2.50 for each 15-minute period)	\$_	
Review	minutes/hours (\$5.00 for each 15-minute period)	\$	
Segregation	minutes/hours (\$5.00 for each 15-minute period)	\$.	
	SUBTOTAL	\$	
Copy Charges	63 pages @ \$.05 per page	\$	3.15
Other Charges		\$	

3.15

GRAND TOTAL: \$