			KSHCP Participant Annual Report -	Base Form			Base Form #:	1 of 60
					For participants with multiple facilities, indicate here the	number of		Multiple Base
Reporting					facilities for which additional Base Forms are attached.	Complete		Forms are
Year:	2022	Participant	County of Kauai		information at left for each Base Form. Place an "X" in t	he column at right		included for
		Name:			for any item being addressed on multiple Base Forms.			this item.
Item #	Relevant Requirement			Information R	Required to be Reported			
	•				i i			
	KSHCP Section 6.6.1.2a, ITP	Facility Name,	Isenberg Park			Facility Contact	Kathryn Leonard	ıl
1	Section M.i. (N.i), ITL Section	Facility Type	Category 5 Park	Facility	County of Kauai	Information:	808-241-1987	ı İ
_	II.I.1	and Location:	3-8-15-24	Owner:	County of Madai	(name, phone, email)	kleonard@kauai.gov	ıl
		and Location.	3 0 13 24			(name, phone, email)	Kleoriai d@ kadai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			NI/A
					·		,	N/A
3	KSHCP Section 6.6.2.2(1)	•	incidental take by species for this facility. For birds, list a		-			ı L
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			I
		0	Hawaiian Petrel	0	Green Sea Turtle			l
4	ITP Section J/ITL Section II.D	Calculation of a	annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	clusion Plan	
		Nonlethal Take:						I
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			I
		0	Hawaiian Petrel	0	Green Sea Turtle			I
		Lethal Take:	•		<u>.</u>			I
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			I
		0	Hawaiian Petrel	0	Green Sea Turtle			I
_	KSHCP Section 6.6.1.2b, ITP	Summarize ar	ny proposed changes to the facility with the potential to					
5	Section M.ii. (N.ii), ITL Section		affect the Covered Species.		None			1
	II.I.2.							
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
			·					ı
	KSHCP Section 6.6.1.2c, ITP	Identify any o	hanges to facility management/ownership or other key					
6	Section M.iii (N.iii), ITL Section	, , ,	personnel involved in the KSHCP.		None			1
	II.I.3.		personner mississe in the next is					1
								1
	KSHCP Section 6.6.1.2d, ITP	Describe any	requested changes to minimization efforts conducted at					1
7	Section M.iv (N.iv), ITL Section		cility and the reasons for the requested change.		None			1
	II.I.4.		ome, and the reasons for the requested than ger					1
			Check here if additional space is needed and continue on adde	ndum sheet.				
	KSHCP Section 6.6.1.2e.i, ITP							
8	Section M.v.1 (N.v.1), ITL Section	Provide map o	r description of search route(s) used for conducting searc	hes.				
	II.I.5.a		1			7		ı L
			Check here if map(s) attached or linked.	Link:				l
		XXX	Charlebane if man (a) make akke akke di andara di angan dala	Funlan-+:	Comples Dravided			İ
		XXX	Check here if map(s) not attached and explain at right.	_	Samples Provided	:6 : A		1
	KSHCP Section 6.6.1.2.e.ii, ITP	Describe th	e frequency and timing of searches conducted at this	During	Fledgling Season: Daily. Prior to start of employee sh	ii is iii iiiorning. A	ppi oximately 0630.	1
9	Section M.v.2 (N.v.2), ITL Section II.I.5.b.		facility:					1
			,	During N	on-Fledgling Season: If report received, weekly. Prior	to start of emplo	yee shifts in morning.	
	KSHCP Section 6.6.1.2.e.iii, ITP				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			1
10	Section M.v.3 (N.v.3), ITL Section	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	arch and monitori	ng.	
	II.I.5.c.		1	1				<u> </u>
			Check here if additional space is needed and continue on adde	ndum sheet.				İ
	KSHCP Section 6.6.1.2.e.iv, ITP	On the work	sheet provided, complete the Summary Table of search					
11	Section M.v.4 (N.v.4), ITL Section		rts for all downed birds and honu nests found.		None.			N/A
	II.I.5.d.							l
4.5		Provide a co	py each Downed Wildlife Incident Documentation and		.,			1
12	KSHCP Section 6.6.1.1		Reporting Form submitted for this facility.		None.			1
			Check here if any reports are attached or linked.	Link:				<u> </u>
i	İ	i	encer here it any reports are attached of linked.		1	i e		i

13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adder	ndum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adder	ndum sheet.	
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adder	dum sheet.	ļ
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	↓
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adder	ndum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adder	ndum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adder	ndum sheet.	
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adder	ndum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adder	ndum sheet.	
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable	N/A
		Check here if additional space is needed and continue on adder		1
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropria Certification all relevant persons involved in the preparation of this rep information is true, accurate, and complete.		
	ı	ormation is a dej decarate, and complete.	1	1

			KSHCP Participant Annual Report -	Base Form			Base Form #:	2 of 60
					For participants with multiple facilities, indicate here the	e number of		Multiple Base
Reporting					facilities for which additional Base Forms are attached.	Complete		Forms are
Year:	2022	Participant	County of Kauai		information at left for each Base Form. Place an "X" in t	he column at right		included for
		Name:			for any item being addressed on multiple Base Forms.			this item.
Item #	Relevant Requirement			Information R	equired to be Reported			
	•				·]		
	KSHCP Section 6.6.1.2a, ITP	Facility Name,	Hanapepe Stadium			Facility Contact	Kathryn Leonard	
1	Section M.i. (N.i), ITL Section	Facility Type	Category 5 Park	Facility	County of Kauai	Information:	808-241-1987	
_	II.I.1	and Location:	1-9-09-01	Owner:	County or Rada	(name, phone, email)	kleonard@kauai.gov	
		and Location.	150501			(name, phone, eman)	kieoriai d@kadai.gov	
_					IT. 20			
	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	•	incidental take by species for this facility. For birds, list a					
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
4	ITP Section J/ITL Section II.D	Calculation of a	annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	clusion Plan	
		Ionlethal Take:						
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:	1		<u>.</u>			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
				-				
	KSHCP Section 6.6.1.2b, ITP	Summarize ar	ny proposed changes to the facility with the potential to					
5	Section M.ii. (N.ii), ITL Section		affect the Covered Species.		None			
	II.I.2.		uncer the covered species.					
			Check here if additional space is needed and continue on Adde	ndum Sheet				L
			eneck here it duditional space is needed and continue on Adde	ndam sneet.				
	KSHCP Section 6.6.1.2c, ITP	Identify any c	hanges to facility management/ownership or other key					
6	Section M.iii (N.iii), ITL Section	identity any c			None			
	II.I.3.		personnel involved in the KSHCP.					
	KSHCP Section 6.6.1.2d, ITP	December 2000						
7	Section M.iv (N.iv), ITL Section		requested changes to minimization efforts conducted at		None			
	II.I.4.	the fa	cility and the reasons for the requested change.					
				L				
	VCLICD Continue C C 1 2n i ITD		Check here if additional space is needed and continue on adde	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M v 1 (N v 1) ITI Section	Provide man o	r description of search route(s) used for conducting searc	hes				
	II.I.5.a	ovide map o	. accompanion of scarcin route(s) used for conducting scarc					
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.		Samples Provided			
	KSHCP Section 6.6.1.2.e.ii, ITP	Describe +h	ne frequency and timing of searches conducted at this	During	Fledgling Season: Daily. Prior to start of employee sh	ifts in morning. A	pproximately 0630.	
9	Section M.v.2 (N.v.2), ITL Section	Describe ti						
	II.I.5.b.		facility:	During N	on-Fledgling Season: If report received, weekly. Prior	to start of emplo	yee shifts in morning.	
	KSHCP Section 6.6.1.2.e.iii, ITP				· ·	·	-	
10	Section M.v.3 (N.v.3), ITL Section	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	arch and monitori	ng.	
	II.I.5.c.		•		·			
			Check here if additional space is needed and continue on adde	ndum sheet.				
	KSHCP Section 6.6.1.2.e.iv, ITP		·					
11	Section M.v.4 (N.v.4), ITL Section		sheet provided, complete the Summary Table of search		None.			N/A
	II.I.5.d.	effo	rts for all downed birds and honu nests found.					,
		Dunyida	my analy Daymand Wildlife Insident Dayman-t-ti					
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and		None.			
			Reporting Form submitted for this facility.					
			Check here if any reports are attached or linked.	Link:				

13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adder	ndum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adder	ndum sheet.	
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adder	dum sheet.	l
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	-
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adder	ndum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adder	ndum sheet.	,
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adder	ndum sheet.	
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adder	ndum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adder	ndum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable	N/A
		Check here if additional space is needed and continue on adder		1
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropria Certification all relevant persons involved in the preparation of this rep information is true, accurate, and complete.		
Ь	L	ormation is true, accurate, and complete.	1	J

			KSHCP Participant Annual Report -	Base Form			Base Form #:	3 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.			Multiple Base Forms are included for this item.
Item #	Relevant Requirement	-		Information R	Required to be Reported			
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1	Facility Name, Facility Type and Location:	Faye Park (Kekaha) Category 5 Park 1-3-02-57	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1897 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	! incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			r
4	ITP Section J/ITL Section II.D		annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	lusion Plan	
		Nonlethal Take	1	0	Tpd			
		0	Newell's Shearwater Hawaiian Petrel	0	Band-rumped Storm Petrel Green Sea Turtle			
		Lethal Take:	Inawanan Fetier	0	_dreen sea furtie			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.1.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				ļ
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.1.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				l
8	KSHCP Section 6.6.1.2e.i, ITP	Provide man o	r description of search route(s) used for conducting searc	hos				
0	II.I.5.a	i Tovide map o	•			Ī		
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior			
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:	g 11	Parks Maintenance staff conducted daily se			
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			
			Chack here if any reports are attached or linked	Link				

13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adder	ndum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adder	ndum sheet.	
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.1.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adder	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	l
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adder	idum sheet.	1
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adder	idum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adder	dum sheet.	
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adder	idum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adder	idum sheet.	
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable	N/A
		Check here if additional space is needed and continue on adder		1
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropria Certification all relevant persons involved in the preparation of this rep information is true, accurate, and complete.		N/A
L	I .	information is true, accurate, and complete.	l	J

			VCLICD Destining at Assessed Descent	D F			D F #-	4 -6 60
Reporting Year:	2022	Participant Name:	KSHCP Participant Annual Report - County of Kauai	Base Form	For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete	Base Form #:	4 of 60 Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information F	equired to be Reported	-		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Wailua Wastewater Treatment Plan Category 4 Facility 3-9-06-19	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29]		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	! incidental take by species for this facility. For birds, list a	s follows: Fled	! glings (lethal/non-lethal)	<u> </u>		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle	15	l : N	
4	ITP Section J/ITL Section II.D	Nonlethal Take	annual lethal and non-lethal take using the methodology	aescribea in th	e HCP and with the discovery rate within the approx	ed Participant inc	clusion Plan	
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:	•		<u>.</u>			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.1.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.1.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.	-	requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				L
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.				
			Check here if map(s) attached or linked.	Link:		<u> </u>		
		V0.07	Shad benefit and (Alamana)	Fundam 11	Courselos Duraido d			
-		XXX	Check here if map(s) not attached and explain at right.	1	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.	-		
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe tl	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1	Provide a co	py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	4,
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

			VCLICD Doubleiment Annual Demont	Daga Farm			Base Form #:	5 of 60
Reporting Year:	2022	Participant Name:	KSHCP Participant Annual Report - County of Kauai		For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete	base rorm #:	Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information F	equired to be Reported	-		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Wailua Houselots Park Category 4 Park 4-1-16-42	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29]		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	! incidental take by species for this facility. For birds, list a	s follows: Fled	! glings (lethal/non-lethal)	ļ		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITD Continue LATE Continue III D	0 Calculation of	Hawaiian Petrel	0	Green Sea Turtle	ad Dautiainant Inc	Justine Dlan	
4	ITP Section J/ITL Section II.D	Nonlethal Take 0 0 Lethal Take: 0 0	annual lethal and non-lethal take using the methodology :: Newell's Shearwater Hawaiian Petrel Newell's Shearwater Hawaiian Petrel	0 0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	ed Participant Inc	iusion Pian	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.		_		
			Check here if map(s) attached or linked.	Link:				
		xxx	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.		ne frequency and timing of searches conducted at this facility:	During	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.			
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitorin	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	4,
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

		-	KSHCP Participant Annual Report - E	Base Form			Base Form #:	6 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. Information at left for each Base Form. Place an "X" in tigor any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported			
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Lihue Wastewater Treatment Plan Category 4 Facility 3-5-01-30	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29		_	N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	lings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
_		0	Hawaiian Petrel	0	Green Sea Turtle	- d D#:-!# l	lusian Dian	
4	ITP Section J/ITL Section II.D	Nonlethal Take	annual lethal and non-lethal take using the methodology	aescribea in th	e HCP and with the discovery rate within the approv	ed Participant inc	lusion Plan	
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:						
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.1.2.	Summarize ar	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adder	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	hanges to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.	None				
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting search	hes.				
			Check here if map(s) attached or linked.	Link:				_
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.1.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:	· ·	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	irch and monitorir	ng.	
	VCLICD Continue C C 4 2 : 1 : TO		Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

Ī		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	4,
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

		_	KSHCP Participant Annual Report -	Base Form			Base Form #:	7 of 60		
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.		
Item #	Relevant Requirement			Information R	equired to be Reported	_				
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Lihue Tennis Court Category 4 Park 3-6-02-10	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov			
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A		
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)					
		0	Newell's Shearwater	0	Band-rumped Storm Petrel					
		0	Hawaiian Petrel	0	Green Sea Turtle					
4	ITP Section J/ITL Section II.D	Calculation of	annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	clusion Plan			
	•	Nonlethal Tak	: :		,	•		L		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel					
		0	Hawaiian Petrel	0	Green Sea Turtle					
			nawaliali retiel	U	Green sea ruitie					
		Lethal Take:	1	_	ī					
		0	Newell's Shearwater	0	Band-rumped Storm Petrel					
		0	Hawaiian Petrel	0	Green Sea Turtle					
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.1.2.	Summarize a	mmarize any proposed changes to the facility with the potential to affect the Covered Species. None							
			Check here if additional space is needed and continue on Addendum Sheet.							
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	ntify any changes to facility management/ownership or other key personnel involved in the KSHCP. None							
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None					
			Check here if additional space is needed and continue on adde	ndum sheet.						
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section	Provide map o	r description of search route(s) used for conducting searc							
	II.I.5.a		1			7				
			Check here if map(s) attached or linked.	Link:						
		xxx	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided					
				Di	Sladeline Conserv Daily Drive to start of	.:64	it-l0020			
	KSHCP Section 6.6.1.2.e.ii, ITP			During	Fledgling Season: Daily. Prior to start of employee sh	nifts in morning. A	pproximately 0630.			
9	Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:	During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. Approximately 0630.			yee shifts in morning.			
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.1.5.c.	Describe t	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.			
			Check here if additional space is needed and continue on adde	ndum sheet.						
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A		
12	KSHCP Section 6.6.1.1	Provide a co	py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.					

Ī		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	4,
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

			KSHCP Participant Annual Report -	Paca Form			Base Form #:	8 of 60
Reporting Year:	2022	Participant Name:	County of Kauai	base roilli	For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete	base ruilii#.	Multiple Base Forms are included for this item.
Item #	Relevant Requirement		<u></u>	Information F	tequired to be Reported	,		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Lihue Auto Maintenance Garage/Office Category 4 Facility 3-8-05-17	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	! incidental take by species for this facility. For birds, list a	s follows: Fled	! glings (lethal/non-lethal)	<u> </u>		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITP Section J/ITL Section II.D	0 Calculation of	Hawaiian Petrel annual lethal and non-lethal take using the methodology	0 doscribad in th	Green Sea Turtle	od Darticinant Inc	lucion Dlan	
4	TIP Section J/TL Section II.D	Nonlethal Take 0 0 Lethal Take: 0 0	· · · · · · · · · · · · · · · · · · ·	0 0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	ed Participant inc	iusion Pian	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.		_		
			Check here if map(s) attached or linked.	Link:				
		xxx	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.		ne frequency and timing of searches conducted at this facility:	During	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior			
					Approximately 0630.			
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitoring	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

Ī		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	4,
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

			KSHCP Participant Annual Report -	Paca Form			Base Form #:	9 of 60
Reporting Year:	2022	Participant Name:	County of Kauai	base rollii	For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete	base ruili #.	Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information F	equired to be Reported	-		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1	Facility Name, Facility Type and Location:	Koloa Neighborhood Center Category 4 Facility 2-8-08-17	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29]		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	! incidental take by species for this facility. For birds, list a	s follows: Fled	! glings (lethal/non-lethal)	<u> </u>		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITP Section J/ITL Section II.D	0 Calculation of	Hawaiian Petrel annual lethal and non-lethal take using the methodology	0	Green Sea Turtle	ad Dautiainant Inc	Jusies Dles	_
4	·	Nonlethal Take 0 0 Lethal Take: 0 0	· · · · · · · · · · · · · · · · · · ·	0 0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	ed Participant inc	iusion Pian	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize ar	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any c	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.		_		
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.1.5.b.		ne frequency and timing of searches conducted at this facility:	During	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.			
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
10	II.I.5.c.	Describe ti	to personner involved in section enough at this litelity.		. a. ks Maintenance stail conducted daily se	a. c una monton		
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

Ī		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	<u> </u>
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

			KSHCP Participant Annual Report -	Rase Form			Base Form #:	10 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete	Buscronnin	Multiple Base Forms are included for this item.
Item #	Relevant Requirement		<u>, </u>	Information F	Required to be Reported	-		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kekaha Land Fill Category 4 Facility 1-2-02-09	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29]		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	! incidental take by species for this facility. For birds, list a	s follows: Fled	! glings (lethal/non-lethal)	Į.		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITP Section J/ITL Section II.D	0 Calculation of	Hawaiian Petrel annual lethal and non-lethal take using the methodology	0 described in th	Green Sea Turtle	ed Particinant Inc	lusion Plan	
4	TIP Section J/TE Section II.D	Nonlethal Take 0 0 Lethal Take:	· · · · · · · · · · · · · · · · · · ·	0 0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	eu Parucipant inc	iusion Pian	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.		_		
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:	During	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.			
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe tl	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitorii	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

Ī		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	<u> </u>
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

		-	KSHCP Participant Annual Report - E	Base Form			Base Form #:	11 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in t for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported			
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kauai War Memorial Convention Hall Category 4 Facility 1-2-02-09	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonarad 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29		_	N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	lings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
_		0	Hawaiian Petrel	0	Green Sea Turtle	- d D#:-!# l	lusian Dian	
4	ITP Section J/ITL Section II.D	Nonlethal Take	annual lethal and non-lethal take using the methodology	aescribea in th	e HCP and with the discovery rate within the approv	ed Participant inc	lusion Plan	
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:						
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adder	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.	at None				
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting search	hes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:	· ·	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	irch and monitorir	ng.	
	VCHCD Section C C 1 3 = 1: ITS		Check here if additional space is needed and continue on adder	naum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

Ī		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	<u> </u>
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

		-	KSHCP Participant Annual Report - E	Base Form			Base Form #:	12 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.			Multiple Base Forms are included for this item.
Item #	Relevant Requirement		<u>, </u>	Information R	equired to be Reported	F		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kapaa New Base Yard Category 4 Facility 4-5-15-04	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Lonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
4	ITP Section J/ITL Section II.D		annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	lusion Plan	
		Nonlethal Take	: Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:	individual reciter		Torcen sea rance			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize ar	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adder	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any c	hanges to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.	at None				
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting search	hes.				
			Check here if map(s) attached or linked.	Link:				_
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	re frequency and timing of searches conducted at this facility:	· ·	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	rch and monitorir	ng.	
			Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

Ī		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	<u> </u>
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

			KSHCP Participant Annual Report -	Rase Form			Base Form #:	13 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement	1		Information F	lequired to be Reported	7		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Eleele Wastewater Treatment Plan Category 4 Facility 2-1-01-43	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)	ļ		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITP Section J/ITL Section II.D	0 Calculation of	Hawaiian Petrel annual lethal and non-lethal take using the methodology	0 described in th	Green Sea Turtle	ed Particinant Inc	lusion Plan	
4	TIP SECTION THE SECTION I.D	Nonlethal Take 0 0 Lethal Take:	•	0 0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	reu Participant inc	iusion Fian	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.1.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.		_		
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:	During	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.			
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitorin	ng.	
			Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

Ī		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	<u> </u>
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

_		_	KSHCP Participant Annual Report -	Base Form			Base Form #:	14 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. Information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement	1	T	Information F	equired to be Reported			11
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Anahola Village park Category 4 Park 4-8-09-01	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	! incidental take by species for this facility. For birds, list a	s follows: Fled	! glings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle	- d D41-14 I	lusia - Na-	
4	ITP Section J/ITL Section II.D	Nonlethal Take	annual lethal and non-lethal take using the methodology	aescribea in th	e HCP and with the discovery rate within the approv	ed Participant Inc	lusion Plan	
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:	•		- -			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.	nt None				
			Check here if additional space is needed and continue on adde	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
		^^^	peneck here ii map(s) not attached and explain at right.		'			
	KSHCP Section 6.6.1.2.e.ii, ITP	Docaribe 44	on fraguency and timing of results and stated of this	During	Fledgling Season: Daily. Prior to start of employee sh	ifts in morning. A	pproximately 0630.	
9	Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe tr	e frequency and timing of searches conducted at this facility:	During N	on-Fledgling Season: If report received, weekly. Prior Approximately 0630.	to start of employ	vee shifts in morning.	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe tl	he personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	arch and monitoring	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

Ī		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	<u> </u>
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

		-	KSHCP Participant Annual Report - E	Base Form			Base Form #:	15 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in t for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported			
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Waimea Wastewater Treatment Plan Category 3 Facility 1-2-06-36	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29		_	N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	lings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
_		0	Hawaiian Petrel	0	Green Sea Turtle	- d D#:-!# l	lusian Dian	
4	ITP Section J/ITL Section II.D	Nonlethal Take	annual lethal and non-lethal take using the methodology	aescribea in th	e HCP and with the discovery rate within the approv	ed Participant inc	lusion Plan	
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:						
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adder	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.		None					
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting search	hes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:	· ·	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	he personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	irch and monitorir	ng.	
	VCHCD Section C C 1 3 = 1: ITS		Check here if additional space is needed and continue on adder	naum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

Ī		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	<u> </u>
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

		_	KSHCP Participant Annual Report -	Base Form			Base Form #:	16 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported	_		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1	Facility Name, Facility Type and Location:	Waimea Theatre Category 3 Facility 1-6-009-008	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
4	ITP Section J/ITL Section II.D	Calculation of	annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	clusion Plan	
	•	Nonlethal Tak	: :		,	•		L
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
			nawaliali retiel	U	Green sea ruitie			
		Lethal Take:	1	_	ī			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				•
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.1.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				-
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.				
	misia		Check here if map(s) attached or linked.	Link:		1		
			1,,,			ı		
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior	-		
					Approximately 0630.			
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe t	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1	Provide a co	py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

		_	KSHCP Participant Annual Report -	Base Form			Base Form #:	17 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported	_		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1	Facility Name, Facility Type and Location:	Waimea Tennis Court Category 3 Park 1-6-10-05	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
4	ITP Section J/ITL Section II.D	Calculation of	annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	lusion Plan	
	•	Nonlethal Tak	e:		,	•		L
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
			nawaliali retiel	U	Green sea ruitie			
		Lethal Take:	7	_	ī			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.1.3.	Identify any	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at acility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				•
	KSHCP Section 6.6.1.2e.i, ITP							
8	Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	or description of search route(s) used for conducting searc	hes.		_		
			Check here if map(s) attached or linked.	Link:				
		xxx	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
	<u> </u>			5 :	Sladeline Conserv Daily Daily 1 1 1 1 1 1			
	KSHCP Section 6.6.1.2.e.ii, ITP			During	Fledgling Season: Daily. Prior to start of employee sh	lifts in morning. A	pproximately 0630.	
9	Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe tl	he frequency and timing of searches conducted at this facility:	During N	on-Fledgling Season: If report received, weekly. Prior Approximately 0630.	to start of emplo	yee shifts in morning.	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.1.5.c.	Describe t	he personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search orts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1	Provide a co	ppy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

		_	KSHCP Participant Annual Report -	Base Form			Base Form #:	18 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported	_		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Waimea Pool Category 3 Park 1-6-09-23	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
4	ITP Section J/ITL Section II.D	Calculation of	annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	lusion Plan	
	•	Nonlethal Tak	: :		,	•		L
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
			nawaliali retiel	U	Green sea ruitie			
		Lethal Take:	1	_	ī			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				•
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				•
	KSHCP Section 6.6.1.2e.i, ITP							
8	Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.		_		
			Check here if map(s) attached or linked.	Link:				
		xxx	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
	KSHCP Section 6.6.1.2.e.ii, ITP			During	Fledgling Season: Daily. Prior to start of employee sh	ifts in morning. A	pproximately 0630.	
9	Section M.v.2 (N.v.2), ITL Section II.1.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:	During N	on-Fledgling Season: If report received, weekly. Prior Approximately 0630.	to start of emplo	yee shifts in morning.	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.1.5.c.	Describe t	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1	Provide a co	py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

		-	KSHCP Participant Annual Report - E	Base Form			Base Form #:	19 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. Information at left for each Base Form. Place an "X" in tifor any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported			
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Waimea Neighborhood Center Category 3 Facility 1-6-09-23	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	lings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
4	ITP Section J/ITL Section II.D		annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	lusion Plan	
		Nonlethal Take	: Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:	individual reciter		oreen sea rarde			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	proposed changes to the facility with the potential to affect the Covered Species. None eck here if additional space is needed and continue on Addendum Sheet.					
			Check here if additional space is needed and continue on Adder	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	hanges to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting search	hes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	re frequency and timing of searches conducted at this facility:	· ·	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	arch and monitorin	ng.	
	WOULD COMPANY OF A 2 or 1		Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this repo	e inquiries of		N/A

			KSHCP Participant Annual Report - I	Base Form			Base Form #:	20 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. (information at left for each Base Form. Place an "X" in ti for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item#	Relevant Requirement			Information R	equired to be Reported	_		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Waimea Fire & Police Category 3 Facility 1-6-07-48	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	lings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
4	ITP Section J/ITL Section II.D	Calculation of a	annual lethal and non-lethal take using the methodology	described in the	e HCP and with the discovery rate within the approv	ed Participant Inc	lusion Plan	
		Nonlethal Take			Ī			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
			Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:	l.,	_	In			
			Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.1.2.	Summarize ar	c any proposed changes to the facility with the potential to affect the Covered Species. Check here if additional space is needed and continue on Addendum Sheet.					
			Check here if additional space is needed and continue on Addendum Sheet.					
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.1.3.	Identify any c	Check here if additional space is needed and continue on Addendum Sheet. y any changes to facility management/ownership or other key personnel involved in the KSHCP. None					
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.		personnel involved in the KSHCP. None Ty requested changes to minimization efforts conducted at facility and the reasons for the requested change. None					
			Check here if additional space is needed and continue on adder	ndum sheet.				
_	KSHCP Section 6.6.1.2e.i, ITP							
8	Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map of	r description of search route(s) used for conducting searc	nes.				
			Check here if map(s) attached or linked.	Link:		•		
		VVV		Frankrastian.	Computer Described			
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
	KCHOD Continue C C 4 2 o " ITD			During	Fledgling Season: Daily. Prior to start of employee sh	ifts in morning. Ap	pproximately 0630.	
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.1.5.b.	Describe th	e frequency and timing of searches conducted at this facility:	During N	on-Fledgling Season: If report received, weekly. Prior Approximately 0630.	to start of employ	vee shifts in morning.	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.1.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	arch and monitorin	ng.	
			Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this repo	e inquiries of		N/A

_		_	KSHCP Participant Annual Report -	Base Form			Base Form #:	21 of 60
Reporting Year:		Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported	•		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1	Facility Name, Facility Type and Location:	Transportation Base Yard Office Category 3 Facility 3-3-13-25	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 Kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)	•		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
4	ITP Section J/ITL Section II.D	Calculation of	annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	lusion Plan	
		Nonlethal Take	e:					-
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:	1		<u>.</u>			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
	2.		_					
			Check here if additional space is needed and continue on Addendum Sheet.					
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		any requested changes to minimization efforts conducted at ne facility and the reasons for the requested change.					
			Check here if additional space is needed and continue on adde	ndum sheet				
	KSHCP Section 6.6.1.2e.i, ITP		check here if additional space is needed and continue on adde	ildulii sileet.				
8		Provide map o	r description of search route(s) used for conducting searc	hes.		_		
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
				Durin -	Fladeling Conson, Daily, Dries to start of	ifts in marnin = ^	nnrovimataly 0630	
	KSHCP Section 6.6.1.2.e.ii, ITP	D	f	During	Fledgling Season: Daily. Prior to start of employee sh	irts in morning. A	pproximately 0630.	
9	Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:	During N	on-Fledgling Season: If report received, weekly. Prior Approximately 0630.	to start of employ	yee shifts in morning.	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.1.5.c.	Describe t	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1	Provide a co	py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this repo	e inquiries of		N/A

		_	KSHCP Participant Annual Report -	Base Form			Base Form #:	22 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported	_		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1	Facility Name, Facility Type and Location:	Spouting Horn Category 3 Park 2-6-03-19	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
4	ITP Section J/ITL Section II.D	Calculation of	annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	clusion Plan	
		Nonlethal Tak	e:					
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:	1					
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
			1.0.00	-	0.00000			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.	None				
			Check here if additional space is needed and continue on Addendum Sheet.					
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.1.3.	Identify any	changes to facility management/ownership or other key personnel involved in the KSHCP.	None				
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.		personnel involved in the KSHCP. ny requested changes to minimization efforts conducted at e facility and the reasons for the requested change. None					
			Check here if additional space is needed and continue on adde	ndum sheet.				•
	KSHCP Section 6.6.1.2e.i, ITP		,					
8	Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.		_		
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section	Describe tl	ne frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior	-		
	II.I.5.b.			. 0	Approximately 0630.		, and the g	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe t	he personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search orts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1	Provide a co	ppy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			
					· · · · · · · · · · · · · · · · · · ·			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this repo	e inquiries of		N/A

		-	KSHCP Participant Annual Report - E	Base Form			Base Form #:	23 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. Information at left for each Base Form. Place an "X" in tigor any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement		,	Information R	equired to be Reported	F		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Smokey Valley Clubhouse Category 3 Facility 1-6-04-12	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	lings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
4	ITP Section J/ITL Section II.D		annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	lusion Plan	
		Nonlethal Take	e: Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:	1					
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.					
			Check here if additional space is needed and continue on Adder	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at icility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting search	hes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee sh on-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	arch and monitorin	ng.	
	WOULD COMPANY OF A 2 or 1		Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search orts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

		_	KSHCP Participant Annual Report -	Base Form			Base Form #:	24 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported	_		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1	Facility Name, Facility Type and Location:	Salt Pond Park Category 3 Park 1-8-08-43	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
4	ITP Section J/ITL Section II.D	Calculation of	annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	lusion Plan	
	•	Nonlethal Tak	: :		,	•		L
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
			nawaliali retiel	U	Green sea rurtie			
		Lethal Take:	1	_	L			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.	None				
			Check here if additional space is needed and continue on Addendum Sheet.					
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.	None				
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		ny requested changes to minimization efforts conducted at e facility and the reasons for the requested change. None					
			Check here if additional space is needed and continue on adde	ndum sheet.				
	KSHCP Section 6.6.1.2e.i, ITP							
8	Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.		-		
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
			· · · · · ·		,	_		
	KSHCP Section 6.6.1.2.e.ii, ITP	Describe th	ne frequency and timing of searches conducted at this	During	Fledgling Season: Daily. Prior to start of employee sh	ifts in morning. A	pproximately 0630.	
9	Section M.v.2 (N.v.2), ITL Section II.I.5.b.		facility:	During N	on-Fledgling Season: If report received, weekly. Prior Approximately 0630.	to start of emplo	yee shifts in morning.	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe t	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				_
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1	Provide a co	py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

		•	KSHCP Participant Annual Report - E		Base Form #:	25 of 60		
Reporting Year:	2021	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. Information at left for each Base Form. Place an "X" in tigor any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement		<u>, </u>	Information R	equired to be Reported	F		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Police/EOC/OPA Main Facility Category 3 Facility 3-6-02-018	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	lings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
4	ITP Section J/ITL Section II.D		annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	lusion Plan	
		Nonlethal Take	: Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:			10.00.000			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize ar	ny proposed changes to the facility with the potential to affect the Covered Species.	None				
			Check here if additional space is needed and continue on Adder	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any c	hanges to facility management/ownership or other key personnel involved in the KSHCP.	None				
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting search	hes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:	· ·	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	arch and monitorin	ng.	
	WOULD COMPANY OF A 2 or 1		Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

			KSHCP Participant Annual Report -	Base Form			Base Form #:	26 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement	1		Information F	lequired to be Reported	7		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Pa'anau Village Apartments Phase 2 Category 3 Facility 2-6-004-046	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)	ļ		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITP Section J/ITL Section II.D	0	Hawaiian Petrel annual lethal and non-lethal take using the methodology	0 described in th	Green Sea Turtle	ed Particinant Inc	lusion Plan	
4	·	Nonlethal Take 0 0 Lethal Take: 0 0	•	0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	reu Participant inc	iusion Fian	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				-
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	hanges to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.		_		
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	e frequency and timing of searches conducted at this facility:	During	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.			
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitorin	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

		-	KSHCP Participant Annual Report - Base Form Base For participants with multiple facilities, indicate here the number of					
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. Information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported			
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Pa'anau Village Apartments Phase 1 Category 3 Facility 2-6-004-046	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29		_	N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	lings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
_		0	Hawaiian Petrel	0	Green Sea Turtle	- d D#:-!# l	lusian Dian	
4	ITP Section J/ITL Section II.D	Nonlethal Take	annual lethal and non-lethal take using the methodology	aescribea in th	e HCP and with the discovery rate within the approv	ed Participant inc	lusion Plan	
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:						
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.	None				
			Check here if additional space is needed and continue on Adder	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.	None				
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting search	hes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee sh on-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	arch and monitorin	ng.	
	WOLLON COLUMN COLUMN		Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

			KSHCP Participant Annual Report -	Base Form			Base Form #:	28 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information F	Required to be Reported	-		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Lydgate Park Category 3 Park 3-9-06-01	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29]		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)	ļ		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITP Section J/ITL Section II.D	0 Calculation of	Hawaiian Petrel annual lethal and non-lethal take using the methodology	0 described in th	Green Sea Turtle e HCP and with the discovery rate within the approx	ed Participant Inc	lusion Plan	
7	III section y/i Esection i.e	Nonlethal Take 0 0 Lethal Take: 0 0	· · · · · · · · · · · · · · · · · · ·	0 0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.	None				
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:	During	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior			
					Approximately 0630.			
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

			KSHCP Participant Annual Report -	Rase Form			Base Form #:	29 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete	Buse Forming.	Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information F	equired to be Reported	,		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1	Facility Name, Facility Type and Location:	Lucy Wright Park Category 3 Park 1-6-06-01	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29	1		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	! incidental take by species for this facility. For birds, list a	s follows: Fled	! glings (lethal/non-lethal)	ļ		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITP Section J/ITL Section II.D	0 Calculation of	Hawaiian Petrel annual lethal and non-lethal take using the methodology	0 described in th	Green Sea Turtle	od Participant Inc	lusion Plan	
4	·	Nonlethal Take 0 0 Lethal Take: 0 0	•	0 0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	reu rai ucipant inc	iusion Pian	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize ar	ny proposed changes to the facility with the potential to affect the Covered Species.	None				
			Check here if additional space is needed and continue on Adde	ndum Sheet.				-
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any c	hanges to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.		_		
			Check here if map(s) attached or linked.	Link:		1		
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.l.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.			
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adder	ndum sheet.				_
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

		-	KSHCP Participant Annual Report - Base Form Base Form # For participants with multiple facilities, indicate here the number of					
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. Information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported			
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Lima Ola Workforce Housing Development Category 3 Facility 2-1-001-054	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29		_	N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
_		0	Hawaiian Petrel	0	Green Sea Turtle	- d D#:-!# l	lusian Dian	
4	ITP Section J/ITL Section II.D	Nonlethal Take	annual lethal and non-lethal take using the methodology	aescribea in th	e HCP and with the discovery rate within the approv	ed Participant inc	lusion Plan	
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:						
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.	None				
			Check here if additional space is needed and continue on Adder	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.1.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.	None				
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting search	hes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.1.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	he personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	arch and monitorin	ng.	
	VCLICE Continue C C 1 2 a 1 TEC		Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

		_	KSHCP Participant Annual Report -	Base Form			Base Form #:	31 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported	-		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1	Facility Name, Facility Type and Location:	Category 3 Facility	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
4	ITP Section J/ITL Section II.D	Calculation of	annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approx	ed Participant Inc	clusion Plan	
		Nonlethal Tak	e:					
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:	-	<u> </u>				
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		-	nawanan recrei	<u> </u>	dicensed funde			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.	None				
			Check here if additional space is needed and continue on Addendum Sheet.					
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any	changes to facility management/ownership or other key personnel involved in the KSHCP.	None				
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.		any requested changes to minimization efforts conducted at he facility and the reasons for the requested change.					
			Check here if additional space is needed and continue on adde	ndum sheet.				
	KSHCP Section 6.6.1.2e.i, ITP							
8	Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	or description of search route(s) used for conducting searc	hes.		_		
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe tl	he frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior	-		
	H.I.S.D.				Approximately 0630.			
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe t	he personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.	<u></u>			
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search orts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1	Provide a co	opy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			
							· · · · · · · · · · · · · · · · · · ·	

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

		-	KSHCP Participant Annual Report - Base Form Base Form #: 32 For participants with multiple facilities, indicate here the number of					
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. Information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported			
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Lihue Neighborhood Center Category 3 Facility 3-8-15-24	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	lings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
4	ITP Section J/ITL Section II.D		annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	lusion Plan	
		Nonlethal Take	e: Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:]		1			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.					
			Check here if additional space is needed and continue on Adder	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.	None				
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at icility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting search	hes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee sh on-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	he personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	arch and monitorin	ng.	
	VCLICD Continue C C 4 2 : 1 : 177		Check here if additional space is needed and continue on adder	naum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search orts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

		_	KSHCP Participant Annual Report -	Base Form			Base Form #:	33 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported	_		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1	Facility Name, Facility Type and Location:	Lihue County Building & Annex Category 3 Facility 3-6-05-02 & 03	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
4	ITP Section J/ITL Section II.D	Calculation of	annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	lusion Plan	
	•	Nonlethal Tak	0 0,		, , , , , , , , , , , , , , , , , , , ,			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
			nawaliali retiel	U	Green sea rurtie			
		Lethal Take:	1	_	L			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.	None				
			Check here if additional space is needed and continue on Addendum Sheet.					
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.1.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.					
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		personnel involved in the KSHCP. ny requested changes to minimization efforts conducted at efacility and the reasons for the requested change. None					
			Check here if additional space is needed and continue on adde	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section	Provide map o	r description of search route(s) used for conducting searc					
	II.I.5.a	-				-		
			Check here if map(s) attached or linked.	Link:				
		xxx	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
				D'	Fladaliaa Caasaa Daila Daiaa ta ataat af	ifted in an annual and	it-l0630	
	KSHCP Section 6.6.1.2.e.ii, ITP	Danasila at	f	During	Fledgling Season: Daily. Prior to start of employee sh	lifts in morning. A	pproximately 0630.	
9	Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe tr	ne frequency and timing of searches conducted at this facility:	During N	on-Fledgling Season: If report received, weekly. Prior Approximately 0630.	to start of emplo	yee shifts in morning.	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.1.5.c.	Describe t	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1	Provide a co	py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

		_	KSHCP Participant Annual Report -	Base Form			Base Form #:	34 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported	_		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Lihue Civic Center Category 3 Facility 3-6-06-27 & 28	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
4	ITP Section J/ITL Section II.D	Calculation of	annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	clusion Plan	
	•	Nonlethal Tak	: :		,	•		L
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
			nawaliali retiel	U	Green sea ruitie			
		Lethal Take:	1	_	ī			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.1.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.	None				
			Check here if additional space is needed and continue on Addendum Sheet.					
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.					
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		personnel involved in the KSHCP. Inly requested changes to minimization efforts conducted at e facility and the reasons for the requested change. None					
			Check here if additional space is needed and continue on adde	ndum sheet.				
	KSHCP Section 6.6.1.2e.i, ITP							
8	Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.		_		
			Check here if map(s) attached or linked.	Link:				
		xxx	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
			-					
	KSHCP Section 6.6.1.2.e.ii, ITP			During	Fledgling Season: Daily. Prior to start of employee sh	ifts in morning. A	pproximately 0630.	
9	Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:	During N	on-Fledgling Season: If report received, weekly. Prior Approximately 0630.	to start of emplo	yee shifts in morning.	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.1.5.c.	Describe t	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1	Provide a co	py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

			KSHCP Participant Annual Report -	Base Form			Base Form #:	35 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item#	Relevant Requirement		<u>, </u>	Information F	Required to be Reported	-		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kolopua Workforce Housing Development Category 3 Facility 5-4-024-024	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)	ļ		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITP Section J/ITL Section II.D	0 Calculation of	Hawaiian Petrel annual lethal and non-lethal take using the methodology	0 described in th	Green Sea Turtle	ed Particinant Inc	lusion Plan	
4	·	Nonlethal Take 0 0 Lethal Take: 0 0	· · · · · · · · · · · · · · · · · · ·	0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	reu Participant inc	iusion Fian	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.				
			Check here if map(s) attached or linked.	Link:				
		xxx	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.		ne frequency and timing of searches conducted at this facility:	During	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior			
					Approximately 0630.			
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe tl	he personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

		-	KSHCP Participant Annual Report - E	Base Form			Base Form #:	36 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. Information at left for each Base Form. Place an "X" in tifor any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported			
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Koa'e Workforce Housing Development Category 3 Facility 2-6-004-019	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29		_	N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	lings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle	15		
4	ITP Section J/ITL Section II.D	Nonlethal Take	annual lethal and non-lethal take using the methodology	aescribea in th	e HCP and with the discovery rate within the approv	ed Participant inc	lusion Plan	
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:			•			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adder	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.	None				
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting search	hes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.1.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:	· ·	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	he personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	arch and monitorin	ng.	
	VCLICD Continue C C 4 2 : 1 : TO		Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search orts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

		-	KSHCP Participant Annual Report - E	Base Form			Base Form #:	37 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. Information at left for each Base Form. Place an "X" in tigor any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported			
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kauai Economic Opportunity Housing Category 3 Facility 3-8-006-001	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	lings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
_		0	Hawaiian Petrel	0	Green Sea Turtle	- d D#:-!# l	lusian Dian	
4	ITP Section J/ITL Section II.D	Nonlethal Take	annual lethal and non-lethal take using the methodology	aescribea in th	e HCP and with the discovery rate within the approv	ed Participant inc	lusion Plan	
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:						
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adder	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.	None				
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting search	hes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee sh on-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	he personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	arch and monitorin	ng.	
	VCLICE Continue C C 1 2 a 1 ITE		Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search orts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.	None.				

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this repo	e inquiries of		N/A

			KSHCP Participant Annual Report -	Rase Form			Base Form #:	38 of 60
Reporting Year:	2022	Participant Name:	County of Kauai	Dase Form	For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete	base roilli#.	Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information F	equired to be Reported	=		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kapa'a Town Generator Building Category 3 Facility 4-5-11-54	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29	1		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	! incidental take by species for this facility. For birds, list a	s follows: Fled	! glings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITD Continue I (IT) Continue II D	0 Calculation of	Hawaiian Petrel	0	Green Sea Turtle	and Doublein and Inc	Jusies Dles	_
4	ITP Section J/ITL Section II.D	Nonlethal Take 0 0 Lethal Take:	annual lethal and non-lethal take using the methodology :: Newell's Shearwater Hawaiian Petrel Newell's Shearwater Hawaiian Petrel	0 0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	ved Participant Inc	iusion Pian	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.		ny proposed changes to the facility with the potential to affect the Covered Species.	None				
			Check here if additional space is needed and continue on Adde	ndum Sheet.				-
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	hanges to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.	None None				
			Check here if additional space is needed and continue on adde	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc			7		
			Check here if map(s) attached or linked.	Link:		1		
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	re frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.	-	,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this repo	e inquiries of		N/A

			KSHCP Participant Annual Report -	Rase Form			Base Form #:	39 of 60
Reporting Year:	2022	Participant Name:	County of Kauai	sase romi	For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete	base rollin.	Multiple Base Forms are included for this item.
Item #	Relevant Requirement	-		Information F	Required to be Reported	-		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kapa'a Pool & Bath House Category 3 Facility 4-5-12-01	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29]		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	l glings (lethal/non-lethal)	<u>I</u>		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITP Section J/ITL Section II.D	0 Calculation of	Hawaiian Petrel annual lethal and non-lethal take using the methodology	0 described in th	Green Sea Turtle	ed Particinant Inc	lusion Plan	
4	The Section Synthesis and The Section 11.0	Nonlethal Take 0 0 Lethal Take: 0 0	•	0 0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	red i articipant inc	Nasion Film	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.1.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	hanges to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.		_		
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	re frequency and timing of searches conducted at this facility:	During	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior			
					Approximately 0630.			
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.1.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitorii	ng.	
			Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this repo	e inquiries of		N/A

			KSHCP Participant Annual Report -	Rase Form			Base Form #:	40 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete	base rollin.	Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information F	Required to be Reported	-		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1	Facility Name, Facility Type and Location:	Kapa'a Refuse Transfer Station Category 3 Facility 4-6-12-04	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29]		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)	ļ		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITP Section J/ITL Section II.D	0	Hawaiian Petrel annual lethal and non-lethal take using the methodology	0 described in th	Green Sea Turtle	ed Particinant Inc	lusion Plan	
4	·	Nonlethal Take 0 0 Lethal Take: 0 0	· · · · · · · · · · · · · · · · · · ·	0 0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	reu Participant inc	iusion Fian	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.1.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.				
			Check here if map(s) attached or linked.	Link:				
		xxx	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:	During	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior			
	11.1.3.0.				Approximately 0630.			
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitorii	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this repo	e inquiries of		N/A

		•	KSHCP Participant Annual Report - Base Form #: For participants with multiple facilities, indicate here the number of					
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. Information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported			
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kapaa Neighborhood Center Category 3 Facility 4-5-12-15	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	lings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
4	ITP Section J/ITL Section II.D		annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	lusion Plan	
		Nonlethal Take	e: Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:	J. 10.10.10.10.10.10.10.10.10.10.10.10.10.1		19.55968 14			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize ar	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adder	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.1.3.	Identify any c	changes to facility management/ownership or other key personnel involved in the KSHCP.	None				
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting search	hes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:	· ·	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	arch and monitorin	ng.	
	WOULD COMPANY OF A 2 or 1		Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

		•	KSHCP Participant Annual Report - E	Base Form			Base Form #:	42 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in t for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement		<u>, </u>	Information R	equired to be Reported	F		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kanikoo Elderly Housing Phase I & 2 Category 3 Facility 3-6-004-009	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	follows: Fledg	glings (lethal/non-lethal)			
		0	Newell's Shearwater		Band-rumped Storm Petrel			
		0	Hawaiian Petrel		Green Sea Turtle			
4	ITP Section J/ITL Section II.D		annual lethal and non-lethal take using the methodology	described in the	e HCP and with the discovery rate within the approv	ed Participant Inc	lusion Plan	
		Nonlethal Take	: Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel		Green Sea Turtle			
		Lethal Take:			10.00000			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize ar	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adder	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.1.3.	Identify any c	hanges to facility management/ownership or other key personnel involved in the KSHCP.	None				
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	dum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting search	nes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee sh on-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	arch and monitorin	ng.	
	WOULD COMPANY OF A 2 or 1		Check here if additional space is needed and continue on adder	dum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

			KSHCP Participant Annual Report -	Base Form			Base Form #:	43 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement	1		Information F	Required to be Reported	7		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kalepa Village Apartments Phase I, II, III & IV Category 3 Facility 3-8-002-014	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29]		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITP Section J/ITL Section II.D	0 Calculation of	Hawaiian Petrel annual lethal and non-lethal take using the methodology	0 described in th	Green Sea Turtle e HCP and with the discovery rate within the approx	ed Participant Inc	lusion Plan	
4	·	Nonlethal Take 0 0 Lethal Take: 0 0	•	0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	red i articipant inc	NOSION TIME	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.1.2.	-	ny proposed changes to the facility with the potential to affect the Covered Species.	,	None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	hanges to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.		_		
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	re frequency and timing of searches conducted at this facility:	During	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.			
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section	Describe t	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng	
10	II.I.5.c.	Describe ti	to personner involved in search enorts at this facility.		ranks maintenance stair conducted daily se	aran ana momitom	''δ'	
			Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

		_	KSHCP Participant Annual Report -	Base Form			Base Form #:	44 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported	_		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kalaheo Fire Station Category 3 Facility 2-3-03-08	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
4	ITP Section J/ITL Section II.D	Calculation of	annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	clusion Plan	
	•	Nonlethal Tak	: :		,	•		L
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
			nawaliali retiel	U	Green sea ruitie			
		Lethal Take:	1	_	ī			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.1.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.	None				
			Check here if additional space is needed and continue on Addendum Sheet.					
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.					
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		any requested changes to minimization efforts conducted at he facility and the reasons for the requested change.					
			Check here if additional space is needed and continue on adde	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.				
			Check here if map(s) attached or linked.	Link:		1		
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior	-	,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.1.5.c.	Describe t	ne personnel involved in search efforts at this facility:	· · · ·				
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1	Provide a co	py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

		•	KSHCP Participant Annual Report - Base Form Base Form #: For participants with multiple facilities, indicate here the number of					
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. Information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported			
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Hanapepe Refuse Transfer Station Category 3 Facility 1-8-8-79	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	lings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
_		0	Hawaiian Petrel	0	Green Sea Turtle	- d D#:-!# l	lusian Dian	
4	ITP Section J/ITL Section II.D	Nonlethal Take	annual lethal and non-lethal take using the methodology	aescribea in th	e HCP and with the discovery rate within the approv	ed Participant inc	lusion Plan	
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:						
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize ar	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adder	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	hanges to facility management/ownership or other key personnel involved in the KSHCP.	None				
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting search	hes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:	· ·	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	arch and monitorin	ng.	
	VCLICD Continue C C 4 2 : 1 : 177		Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.	None.				

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

			KSHCP Participant Annual Report -	Rase Form			Base Form #:	46 of 60
Reporting Year:	2022	Participant Name:	County of Kauai	sase romi	For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete	base rollin.	Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information F	Required to be Reported	-		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Hanapepe Fire Station Category 3 Facility 1-9-05-047	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29]		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	! incidental take by species for this facility. For birds, list a	s follows: Fled	! glings (lethal/non-lethal)	Į.		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITP Section J/ITL Section II.D	0 Calculation of	Hawaiian Petrel annual lethal and non-lethal take using the methodology	0 described in th	Green Sea Turtle	ed Particinant Inc	lusion Plan	
4	TIP Section J/TE Section II.D	Nonlethal Take 0 0 Lethal Take: 0 0	•	0 0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	eu Parucipant inc	iusion Pian	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.	None				
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	hanges to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.		_		
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	e frequency and timing of searches conducted at this facility:	During	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.			
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.1.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitorii	ng.	
			Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

			KSHCP Participant Annual Report -	Base Form			Base Form #:	47 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information F	Required to be Reported	·		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Hanapepe Baseyard Office Category 3 Facility 1-8-8-79	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29]		N/A
3	KSHCP Section 6.6.2.2(1)		incidental take by species for this facility. For birds, list a	s follows: Fled	<u> </u>			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITP Section J/ITL Section II.D	0 Calculation of	Hawaiian Petrel annual lethal and non-lethal take using the methodology	0 described in th	Green Sea Turtle	ed Particinant Inc	lusion Plan	
4	TIF Section 1/TE Section 11.D	Nonlethal Take	· · · · · · · · · · · · · · · · · · ·	described in th	e ner and with the discovery rate within the approx	rea i ai ticipant inc	iusion i ian	
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:]NIII- Ch		Tpd			
		0	Newell's Shearwater Hawaiian Petrel	0	Band-rumped Storm Petrel Green Sea Turtle			
		Ŭ	Travallar Ferrei		oreen sea rande			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.1.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.	None				
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				
0	KSHCP Section 6.6.1.2e.i, ITP	D		L				
8	II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	nes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
		7007	encek here it map(s) not attached and explain at right.	1	'			
	KSHCP Section 6.6.1.2.e.ii, ITP	Doscribo th	ne frequency and timing of searches conducted at this	During	Fledgling Season: Daily. Prior to start of employee sh	ifts in morning. A	pproximately 0630.	
9	Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe ti	facility:	During N	on-Fledgling Season: If report received, weekly. Prior Approximately 0630.	to start of employ	ee shifts in morning.	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	he personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

		-	KSHCP Participant Annual Report - Base Form Base Form #: 480 For participants with multiple facilities, indicate here the number of					
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in t for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported			
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Hanalei Fire Station Category 3 Facility 5-4-24-24	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29		_	N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	glings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
_		0	Hawaiian Petrel	0	Green Sea Turtle	- d D#:-!# l	lusian Dian	
4	ITP Section J/ITL Section II.D	Nonlethal Take	annual lethal and non-lethal take using the methodology	aescribea in th	e HCP and with the discovery rate within the approv	ed Participant inc	lusion Plan	
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:						
		0	Newell's Shearwater	0 Band-rumped Storm Petrel				
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.	None				
			Check here if additional space is needed and continue on Adder	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.	None				
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting search	hes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.1.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:	· ·	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:	Parks Maintenance staff conducted daily search and monitoring.			ng.	
	VCHCD Section C C 1 3 - iii ITD		Check here if additional space is needed and continue on adder	naum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.	None.				

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

		-	KSHCP Participant Annual Report - E				Base Form #:	49 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. Information at left for each Base Form. Place an "X" in tigor any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement		,	Information R	equired to be Reported	F		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Hanalei Courthouse Category 3 Facility 5-5-03-02	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	lings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
4	ITP Section J/ITL Section II.D		annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	lusion Plan	
		Nonlethal Take	e: Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:]		10.00.000			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adder	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.1.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting search	hes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:	· ·	Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	arch and monitorin	ng.	
	WOULD COMPANY OF A 2 or 1		Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search orts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

_			KSHCP Participant Annual Report -	Base Form			Base Form #:	50 of 60
Reporting Year:		Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in t for any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported			
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Hanalei Baseyard Category 3 Facility 5-5-03-02	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	0 0	incidental take by species for this facility. For birds, list a Newell's Shearwater Hawaiian Petrel	s follows: Fled 0 0	glings (lethal/non-lethal) Band-rumped Storm Petrel Green Sea Turtle			
4	ITP Section J/ITL Section II.D	Calculation of Nonlethal Take	annual lethal and non-lethal take using the methodology	described in th	e HCP and with the discovery rate within the approv	ed Participant Inc	lusion Plan	
		0 0 Lethal Take:	Newell's Shearwater Hawaiian Petrel	0	Band-rumped Storm Petrel Green Sea Turtle			
		0	Newell's Shearwater Hawaiian Petrel	0	Band-rumped Storm Petrel Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	arize any proposed changes to the facility with the potential to affect the Covered Species. None					
			Check here if additional space is needed and continue on Addendum Sheet.					
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	ntify any changes to facility management/ownership or other key personnel involved in the KSHCP. None					
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section III.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				-
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc			•		
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee sh on-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.1.5.c.	Describe t	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	arch and monitorii	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

_		•	KSHCP Participant Annual Report - I	Base Form			Base Form #:	51 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the facilities for which additional Base Forms are attached. (information at left for each Base Form. Place an "X" in tigor any item being addressed on multiple Base Forms.	Complete		Multiple Base Forms are included for this item.
Item #	Relevant Requirement			Information R	equired to be Reported	ī		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Arzadon Industrial Pump Station & Generator Building Category 3 Facility 4-3-9-09	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29	•		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	lings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle	I D	li Dl	
4	ITP Section J/ITL Section II.D	Nonlethal Take	annual lethal and non-lethal take using the methodology	aescribea in th	e HCP and with the discovery rate within the approv	ed Participant inc	iusion Plan	
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:	' 					
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.1.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	-	requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting search	hes.				
			Check here if map(s) attached or linked.	Link:		•		
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee shi on-Fledgling Season: If report received, weekly. Prior Approximately 0630.			
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily sea	arch and monitorin	ng.	
			Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1	1	Check here if any reports are attached or linked.	ink:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		Check here if additional space is needed and continue on addend	dum sheet.		
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		Check here if additional space is needed and continue on addend	lum sheet.		
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		Check here if photos are attached or linked.	ink:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		Check here if photos are attached or linked.	ink:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
		Check here if additional space is needed and continue on addend	dum sheet.		
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
		Check here if additional space is needed and continue on addend	lum sheet.		
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on addend	Not Applicable		N/A
25	KSHCP Section 6.6.1.4	I certify that to the best of my knowledge, after appropriate Certification all relevant persons involved in the preparation of this repo information is true, accurate, and complete.	e inquiries of		N/A

			KSHCP Participant Annual Report -	Rase Form			Base Form #:	52 of 60
Reporting Year:	2022	Participant Name:	County of Kauai	base rollii	For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete	base roilli#.	Multiple Base Forms are included for this item.
Item #	Relevant Requirement	•		Information F	equired to be Reported	=		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kalawai Park Category 5 Facility 2-4-05-13	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29	1		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	! glings (lethal/non-lethal)	!		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITP Section J/ITL Section II.D	0 Calculation of	Hawaiian Petrel annual lethal and non-lethal take using the methodology	0 described in th	Green Sea Turtle	od Participant Inc	lusion Plan	
4	IIP Section J/IIL Section II.D	Nonlethal Take 0 0 Lethal Take:	•	0 0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	red Participant Inc	iusion Pian	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.		ny proposed changes to the facility with the potential to affect the Covered Species.	Ü	None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	hanges to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc			7		
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	re frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.	-	,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.1.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

1		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	<u> </u>
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

			KSHCP Participant Annual Report -	Rase Form			Base Form #:	53 of 60
Reporting Year:	2022	Participant Name:	County of Kauai	base rollii	For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete	base roilli#.	Multiple Base Forms are included for this item.
Item #	Relevant Requirement	-		Information F	equired to be Reported	-		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kilauea Park Category 5 Park 5-2-08-54	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29]		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	! incidental take by species for this facility. For birds, list a	s follows: Fled	! glings (lethal/non-lethal)	<u> </u>		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITD Continue I (IT) Continue II D	0 Calculation of	Hawaiian Petrel	0	Green Sea Turtle	ad Dautiainant Inc	Jusies Dles	_
4	ITP Section J/ITL Section II.D	Nonlethal Take 0 0 Lethal Take:	annual lethal and non-lethal take using the methodology :: Newell's Shearwater Hawaiian Petrel Newell's Shearwater Hawaiian Petrel	0 0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	ed Participant Inc	iusion Pian	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	-	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				-
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc			T		
			Check here if map(s) attached or linked.	Link:		<u> </u>		
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

Ī		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	<u> </u>
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

			KSHCP Participant Annual Report -	Rase Form			Base Form #:	54 of 60
Reporting Year:	2022	Participant Name:	County of Kauai	base rollii	For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete	base roilli#.	Multiple Base Forms are included for this item.
Item #	Relevant Requirement	•		Information F	equired to be Reported	=		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Koloa Park Category 5 Park 2-8-05-04	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29	1		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	! glings (lethal/non-lethal)	!		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITP Section J/ITL Section II.D	0 Calculation of	Hawaiian Petrel annual lethal and non-lethal take using the methodology	0 dossribad in th	Green Sea Turtle	rad Dartisinant Inc	lucion Dlan	
4	TIP Section J/TL Section II.D	Nonlethal Take 0 0 Lethal Take:	•	0 0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	red Participant Inc	iusion Pian	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				-
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	hanges to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc			7		
			Check here if map(s) attached or linked.	Link:		1		
		xxx	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	re frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.	-	,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe tl	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

Ī		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	<u> </u>
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

			KSHCP Participant Annual Report -	Raco Eorm			Base Form #:	55 of 60
Reporting Year:	2022	Participant Name:	County of Kauai	Dase Form	For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete	base rollin.	Multiple Base Forms are included for this item.
Item #	Relevant Requirement	_		Information F	equired to be Reported	=		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Bryan J. Baptiste Sports Complex Category 5 Park 4-5-15-32	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29	1		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	! incidental take by species for this facility. For birds, list a	s follows: Fled	! glings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITD Continue I (IT) Continue II D	0 Calculation of	Hawaiian Petrel	0	Green Sea Turtle	and Doublein and Inc	Jusies Dles	_
4	ITP Section J/ITL Section II.D	Nonlethal Take 0 0 Lethal Take:	annual lethal and non-lethal take using the methodology e: Newell's Shearwater Hawaiian Petrel Newell's Shearwater Hawaiian Petrel	0 0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	ved Participant Inc	iusion Pian	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.		ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				-
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at acility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc			7		
			Check here if map(s) attached or linked.	Link:		<u> </u>		
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee sh on-Fledgling Season: If report received, weekly. Prior Approximately 0630.	-	,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe tl	he personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search orts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		ppy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

Ī		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	4,
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

			KSHCP Participant Annual Report -	Paca Form			Base Form #:	56 of 60
Reporting Year:	2022	Participant Name:	County of Kauai	base Form	For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete	base rorm #:	Multiple Base Forms are included for this item.
Item #	Relevant Requirement	_		Information F	lequired to be Reported	_		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Peter Rayno Sr. Park Category 5 Park 3-7-03-09	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	! incidental take by species for this facility. For birds, list a	s follows: Fled	! glings (lethal/non-lethal)	ļ		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITP Section J/ITL Section II.D	0 Calculation of	Hawaiian Petrel annual lethal and non-lethal take using the methodology	0 dossribad in th	Green Sea Turtle	rad Dartisinant Inc	lucion Dlan	
4	TIP Section J/TL Section II.D	Nonlethal Take 0 0 Lethal Take:		0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	red Participant Inc	iusion Pian	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.		ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				-
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at acility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc			7		
		-	Check here if map(s) attached or linked.	Link:		1		
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee sh on-Fledgling Season: If report received, weekly. Prior Approximately 0630.	-	,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe tl	he personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search orts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		ppy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

Ī		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	4,
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

			KSHCP Participant Annual Report -	Rase Form			Base Form #:	57 of 60
Reporting Year:	2022	Participant Name:	County of Kauai	base rollii	For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete	base rollin.	Multiple Base Forms are included for this item.
Item #	Relevant Requirement	•		Information F	lequired to be Reported	-		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Vidinha Stadium Complex Category 5 Parks 3-6-02-16	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29	1		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	incidental take by species for this facility. For birds, list a	s follows: Fled	l glings (lethal/non-lethal)	<u> </u>		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITP Section J/ITL Section II.D	0 Calculation of	Hawaiian Petrel annual lethal and non-lethal take using the methodology	0 described in th	Green Sea Turtle	od Participant Inc	lusion Plan	
4	TIP Section JATE Section II.D	Nonlethal Take 0 0 Lethal Take:	· · · · · · · · · · · · · · · · · · ·	0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	reu Participant inc	iusion Fian	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.		ny proposed changes to the facility with the potential to affect the Covered Species.	U	None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc			T		
		-	Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

Ī		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	4,
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

			KSHCP Participant Annual Report -	Rasa Form			Base Form #:	58 of 60
Reporting Year:	2022	Participant Name:	County of Kauai	base rollii	For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in the for any item being addressed on multiple Base Forms.	Complete	base rollin.	Multiple Base Forms are included for this item.
Item #	Relevant Requirement	_		Information F	equired to be Reported	· -		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Wailua Golf Course Category 5 Park 3-9-02-04	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29]		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	! incidental take by species for this facility. For birds, list a	s follows: Fled	! glings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITD Continue I (IT) Continue II D	O Coloulation of	Hawaiian Petrel	0	Green Sea Turtle	and Doubleinsont Inc	Jusies Dles	_
4	ITP Section J/ITL Section II.D	Nonlethal Take 0 0 Lethal Take:	annual lethal and non-lethal take using the methodology :: Newell's Shearwater Hawaiian Petrel Newell's Shearwater Hawaiian Petrel	0 0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle Green Sea Turtle	ved Participant Inc	iusion Pian	
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section		ny proposed changes to the facility with the potential to affect the Covered Species.	U	None			
	II.I.2.		Check here if additional space is needed and continue on Adde	ndum Sheet				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any o	hanges to facility management/ownership or other key personnel involved in the KSHCP.	indum sineet.	None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc			-		
			Check here if map(s) attached or linked.	Link:		1		
		XXX	Check here if map(s) not attached and explain at right.	1	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	e frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee shon-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitorii	ng.	
			Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

Ī		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	4,
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

			KSHCP Participant Annual Report -	Raco Form			Base Form #:	59 of 60
Reporting Year:	2022	Participant Name:	County of Kauai	base rollii	For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete	base rollin.	Multiple Base Forms are included for this item.
Item#	Relevant Requirement	-		Information F	equired to be Reported	_		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Wailua Homesteads Park Category 5 Park 4-2-03-18	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29	1		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	! incidental take by species for this facility. For birds, list a	s follows: Fled	! glings (lethal/non-lethal)			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle	D	lusia - Dia-	
4	ITP Section J/ITL Section II.D	Nonlethal Take	annual lethal and non-lethal take using the methodology	aescribea in th	e HCP and with the discovery rate within the appro-	ed Participant inc	iusion Plan	
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
		Lethal Take:	•		- -			
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
		0	Hawaiian Petrel	0	Green Sea Turtle			
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.1.2.	Summarize a	ny proposed changes to the facility with the potential to affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				<u> </u>
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.1.3.	Identify any o	changes to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adde	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
		^^^	peneck here ii map(s) not attached and explain at fight.	·	· ·			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	ne frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee sl on-Fledgling Season: If report received, weekly. Prio Approximately 0630.	-	,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.1.5.c.	Describe th	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adde	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

Ī		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	4,
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

			KSHCP Participant Annual Report -	Basa Form			Base Form #:	60 of 60
Reporting Year:	2022	Participant Name:	County of Kauai	base rollii	For participants with multiple facilities, indicate here th facilities for which additional Base Forms are attached. information at left for each Base Form. Place an "X" in for any item being addressed on multiple Base Forms.	Complete	Base Politi #.	Multiple Base Forms are included for this item.
Item #	Relevant Requirement	_		Information F	Required to be Reported	-		
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Waimea Athletic Field Category 5 Park 1-2-06-38	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29]		N/A
3	KSHCP Section 6.6.2.2(1)	List permitted	! incidental take by species for this facility. For birds, list a	s follows: Fled	! glings (lethal/non-lethal)	<u> </u>		
		0	Newell's Shearwater	0	Band-rumped Storm Petrel			
4	ITD Continue I (IT) Continue II D	0 Calculation of	Hawaiian Petrel	0	Green Sea Turtle	ad Dautiainant Inc	Justine Dlan	
4	ITP Section J/ITL Section II.D	Nonlethal Take 0 0 Lethal Take:	annual lethal and non-lethal take using the methodology :: Newell's Shearwater Hawaiian Petrel Newell's Shearwater Hawaiian Petrel	0 0 0	Band-rumped Storm Petrel Green Sea Turtle Band-rumped Storm Petrel Green Sea Turtle	ed Participant Inc	iusion Pian	
	KSHCP Section 6.6.1.2b, ITP		ny proposed changes to the facility with the potential to	0	Green sea rurue			
5	Section M.ii. (N.ii), ITL Section II.l.2.	Summarize a	affect the Covered Species.		None			
			Check here if additional space is needed and continue on Adde	ndum Sheet.				
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.1.3.	Identify any o	hanges to facility management/ownership or other key personnel involved in the KSHCP.		None			
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.1.4.		requested changes to minimization efforts conducted at cility and the reasons for the requested change.		None			
			Check here if additional space is needed and continue on adder	ndum sheet.				
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map o	r description of search route(s) used for conducting searc	hes.				
			Check here if map(s) attached or linked.	Link:				
		XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided			
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe th	e frequency and timing of searches conducted at this facility:		Fledgling Season: Daily. Prior to start of employee sh on-Fledgling Season: If report received, weekly. Prior Approximately 0630.		,	
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe tl	ne personnel involved in search efforts at this facility:		Parks Maintenance staff conducted daily se	arch and monitori	ng.	
			Check here if additional space is needed and continue on adder	ndum sheet.				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d.		sheet provided, complete the Summary Table of search rts for all downed birds and honu nests found.		None.			N/A
12	KSHCP Section 6.6.1.1		py each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.			

Ī		Check here if any reports are attached or linked.	Link:	1
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.1.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	4
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.	
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.1.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.	
		Check here if additional space is needed and continue on adden	dum sheet.	
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided	
		Check here if photos are attached or linked.	Link:	4,
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable	
		Check here if photos are attached or linked.	Link:	1
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	1
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.	
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable	
		Check here if additional space is needed and continue on adden	dum sheet.]
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed). Check here if additional space is needed and continue on adden	Not Applicable	N/A
		I certify that to the best of my knowledge, after appropriat		-
25	KSHCP Section 6.6.1.4	Certification all relevant persons involved in the preparation of this reprint information is true, accurate, and complete.	·	N/A

KSHCP Participant Annual Report - Addendum Sheet to Base Form(s)

Reporting Year:	2022	Participant Name:	County of Kauai
		•	tion pertaining to any item on the Base Form worksheet for which additional space is needed. For each entry, enter the nent from the Base Form. Additional rows may be added to this form as needed.
·	ing reciri	and helevane heganen	lent nom the base room. Additional rooms may be duded to this form as needed.
Form # (Cover Sheet or Page #)	Item #	Relevant Requirement	Additional Information
	14		From 11/16-12/31, conducted Predator Control measures. Hired Private Contractor to survey area and catch predators if necessary. Worked two locations at a time and covered (Hanapepe Stadium, Hanapepe Baseyard, Lihue Transportation Baseyard & Lydgate Park). These sites were chosen based on previous predator sightings including public feeding of colonies. During entire operation: 190 cats removed from County Properties, 1356.5 total cat trapping nights, 0 seabird predations observed, 0 hours of response work, 2 cameras stolen/damaged beyond repair, 3 traps stolen/damaged beyond repair. Improvements: Tripled monitoring efforts from 2021, running monitoring cameras for longer durations, Tripled new baits and lures which resulted in more captures for fewer trap nights, Increased the number of sites with predator control from 9 to 13 with a proposal in place for a total of 35 sites for 2023/2024 (pending budget approval)

Sum	mmary of Results of Self Monitoring of Take of Covered Seabirds and Monitoring of	Honu Nests
Sum	mmary of Results of Self Monitoring of Take of Covered Seabirds and Monitoring of	Honu Nests

Reporting Year:	2022	Participant Name:	County of Kauai

For each downed seabird or honu nest found, make an entry in the table below.

	Complete these columns for each bird or honu nest found.				Complete these columns for each downed seabird found.				Complete these columns for any honu nest found.		
Date Found	Time Found	Property or Facility	Describe Exact Location Where Found	GPS Latitude (decimal degrees, N), if available	(decimal degrees, W), if	(NESH	File Number or Bird Identification, if available	Ulsposition of Bird (Identify SOS Aid Station or other disposition hird was dead. Note whether hird was	Honu Nest Found? (Yes or No)	Describe Any Honu Nest Protection Efforts Implemented	Disposition of Nest (if known)

Summary of Training Efforts

Reporting Year:	2022	Participant Name:	e: County of Kauai			
Date of Training	Training Topic	Property or Facility	Training Group	Number of Attendees	Method of Training Delivery (e.g., video, in-person, educational materials)	Printed Materials or Other Media Provided
1/1/2022 - 12/31/2022	COK-Kauai Shearwater Training	All COK Properties	All County Employees	98	On Line (PowerDMS)	Policies & Training Video Online
1/1/2022-12/31/2022	COK-Kauai Shearwater Training	All COK Properties	All County Employees	21	Policy (Paper) & Training (Online Video)	Printed Policies & Training Video
1/1/2022 - 12/31/2022	COK-Kauai Shearwater Training	All COK Properties	All County Employees	23	Awareness & Response Training (Online Video)	Monitor Policies & Training Video Online
1/1/2022-12/31/2022	COK-Kauai Shearwater Training	All COK Properties	All County Employees	21	Monitor Information Handbook	Printed Informational Booklet
1/1/2022 - 12/31/2022	COK-Kauai Shearwater Training	All COK Properties	All County Employees	21	Rescue Kits	Bird Carrier, Towels & Other Supplies

Summary of Outreach Efforts

Reporting Year:	2022	Participant Name:	County of Kauai

Date(s) of Outreach Effort	Description of Outreach Effort (including method of delivery)	Property or Facility	Outreach Target Audience	Printed Materials or Other Media Produced
1/1/2022-12/31/2022	County of Kauai - Seabird Informational Webpage www.kauai.gov/Government/Departments-Agencies/Parks-Recreation/Seabirds	All	General Community	Webpage on Kauai.gov Website