

KSHCP Participant Annual Report - Base Form

Base Form #: 1 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 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: | Isonberg Park Category 5 Park 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | |
| | | Nonlethal Take: | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | | None | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | |
| | | 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 6.6.1.2e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.1.5.b. | Describe the frequency and timing of searches conducted at this facility: | | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. | |
| 10 | KSHCP Section 6.6.1.2e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.1.5.c. | Describe the personnel involved in search efforts at this facility: | | | Parks Maintenance staff conducted daily search and monitoring. | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | |
| 11 | KSHCP Section 6.6.1.2e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | | None. | |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | | None. | |
| | | Check here if any reports are attached or linked. | | | Link: | |

| | | | | |
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| 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 addendum sheet. | | |
| 14 | KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.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 addendum 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 addendum 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: <input type="text"/> | |
| 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: <input type="text"/> | |
| 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 addendum 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 addendum 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 addendum 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 addendum 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 addendum 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 addendum sheet. | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | |

KSHCP Participant Annual Report - Base Form

Base Form #: 2 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. |
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| Item # | Relevant Requirement | Information 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: | Hanapepe Stadium Category 5 Park 1-9-09-01 | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | |
| | | Nonlethal Take: | | | | |
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| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | | None | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | |
| | | 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 6.6.1.2e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.1.5.b. | Describe the frequency and timing of searches conducted at this facility: | | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. | |
| 10 | KSHCP Section 6.6.1.2e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.1.5.c. | Describe the personnel involved in search efforts at this facility: | | | Parks Maintenance staff conducted daily search and monitoring. | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | |
| 11 | KSHCP Section 6.6.1.2e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | | None. | |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | | None. | |
| | | Check here if any reports are attached or linked. | | | Link: | |

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| 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 addendum sheet. | | |
| 14 | KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.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 addendum 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 addendum 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: <input type="text"/> | |
| 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: <input type="text"/> | |
| 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 addendum 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 addendum 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 addendum 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 addendum sheet. | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | Not Applicable | |
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| 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 addendum sheet. | | |
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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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | Multiple Base Forms are included for this item. |
|--------|--|---|---|---|--------------------------------------|---|---|
| 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 | 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 as follows: Fledglings (lethal/non-lethal) | | | | | |
| | | 0 | Newell's Shearwater | 0 | Band-rumped Storm Petrel | | |
| | | 0 | Hawaiian Petrel | 0 | Green Sea Turtle | | |
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| | | Nonlethal Take: | | | | | |
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| 5 | KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.1.2. | Summarize 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
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| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
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| 9 | KSHCP Section 6.6.1.2e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.1.5.b. | Describe the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. | | | |
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| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |
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| 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. | |
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| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 4 of 60

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|--------|---|---|--|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Wailua Wastewater Treatment Plan Category 4 Facility 3-9-06-19 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (lethal/non-lethal) | | | | | |
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| | | Check here if map(s) attached or linked. | | Link: | | | |
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| 10 | KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.1.5.c. | Describe the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 5 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Wailua Houselots Park Category 4 Park 4-1-16-42 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|-------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 6 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|--|---|--------------------------|---|-----|
| 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 Wastewater Treatment Plant Category 4 Facility 3-5-01-30 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | Link: | | | |
| | | Check here if map(s) attached or linked. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the 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 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 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 Tennis Court Category 4 Park 3-6-02-10 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|----------------------------|----------------------|-----|
| | | <input type="checkbox"/> Check here if any reports are attached or linked. | Link: <input type="text"/> | | |
| 13 | KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 8 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|--|---|--------------------------|---|-----|
| 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 Auto Maintenance Garage/Office Category 4 Facility 3-8-05-17 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 9 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 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 | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 10 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Kekaha Land Fill Category 4 Facility 1-2-02-09 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 11 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: | |
|--------|---|---|--|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Kauai War Memorial Convention Hall Category 4 Facility 1-2-02-09 | Facility Owner: | County of Kauai | Kathryn Leonard 808-241-1987 kleonard@kauai.gov | |
| 2 | ITP Section M (N)/ITL Section II.J | ITP Number: | | ITL Number: | ITL-29 | | |
| 3 | KSHCP Section 6.6.2.2(1) | List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Kapaa New Base Yard Category 4 Facility 4-5-15-04 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|----------------------------|----------------------|-----|
| | | <input type="checkbox"/> Check here if any reports are attached or linked. | Link: <input type="text"/> | | |
| 13 | KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 13 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Eleee Wastewater Treatment Plan Category 4 Facility 2-1-01-43 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the 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 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Anahola Village park Category 4 Park 4-8-09-01 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | Link: | | | |
| | | Check here if map(s) attached or linked. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 15 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|--|---|--------------------------|---|-----|
| 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 Wastewater Treatment Plan Category 3 Facility 1-2-06-36 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | Link: | | | |
| | | Check here if map(s) attached or linked. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the 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 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 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 | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | 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 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 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 | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|----------------------------|----------------------|-----|
| | | <input type="checkbox"/> Check here if any reports are attached or linked. | Link: <input type="text"/> | | |
| 13 | KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | 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 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 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 Pool Category 3 Park 1-6-09-23 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 19 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: | |
|--------|---|---|--|---|--------------------------|---|-----|
| 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 Neighborhood Center Category 3 Facility 1-6-09-23 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | Link: | | | |
| | | Check here if map(s) attached or linked. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 20 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|--|---|--------------------------|---|-----|
| 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 Fire & Police Category 3 Facility 1-6-07-48 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | Link: | | | |
| | | Check here if map(s) attached or linked. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|----------------------------|----------------------|-----|
| | | <input type="checkbox"/> Check here if any reports are attached or linked. | Link: <input type="text"/> | | |
| 13 | KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 21 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 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 | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | Link: | | | |
| | | Check here if map(s) attached or linked. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | 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 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 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 | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 23 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Smokey Valley Clubhouse Category 3 Facility 1-6-04-12 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | 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 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 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: | Salt Pond Park Category 3 Park 1-8-08-43 | Facility Owner: | County of Kauai | Facility Contact Information: <small>(name, phone, email)</small> | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | | None | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | | Parks Maintenance staff conducted daily search and monitoring. | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | | None. | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | | None. | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 25 of 60

| | | | | | |
|-----------------|------|-------------------|-----------------|---|--|
| Reporting Year: | 2021 | 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Police/EOC/OPA Main Facility Category 3 Facility 3-6-02-018 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | 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 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | Multiple Base Forms are included for this item. |
|--------|---|---|--|---|--------------------------|---|---|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Pa'anau Village Apartments Phase 2 Category 3 Facility 2-6-004-046 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | Link: | | | |
| | | Check here if map(s) attached or linked. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|----------------------------|----------------------|-----|
| | | <input type="checkbox"/> Check here if any reports are attached or linked. | Link: <input type="text"/> | | |
| 13 | KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 27 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|--|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Pa'anau Village Apartments Phase 1 Category 3 Facility 2-6-004-046 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|----------------------------|----------------------|-----|
| | | <input type="checkbox"/> Check here if any reports are attached or linked. | Link: <input type="text"/> | | |
| 13 | KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | 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 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|--|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Lydgate Park Category 3 Park 3-9-06-01 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|----------------------------|----------------------|-----|
| | | <input type="checkbox"/> Check here if any reports are attached or linked. | Link: <input type="text"/> | | |
| 13 | KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 29 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 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: | 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 | N/A |
| 3 | KSHCP Section 6.6.2.2(1) | List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | |
| | | Nonlethal Take: | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | |

| | | | | | |
|----|---|---|----------------------------|----------------------|-----|
| | | <input type="checkbox"/> Check here if any reports are attached or linked. | Link: <input type="text"/> | | |
| 13 | KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 30 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|--|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Lima Ola Workforce Housing Development Category 3 Facility 2-1-001-054 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|----------------------------|----------------------|-----|
| | | <input type="checkbox"/> Check here if any reports are attached or linked. | Link: <input type="text"/> | | |
| 13 | KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | 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 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 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 Refuse Transfer Station Category 3 Facility 3-7-02-14 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|----------------------------|----------------------|-----|
| | | <input type="checkbox"/> Check here if any reports are attached or linked. | Link: <input type="text"/> | | |
| 13 | KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 32 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 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 Neighborhood Center Category 3 Facility 3-8-15-24 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | 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 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 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: | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | 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 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 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: | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | |
| | | Nonlethal Take: | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | |

| | | | | | |
|----|---|---|----------------------------|----------------------|-----|
| | | <input type="checkbox"/> Check here if any reports are attached or linked. | Link: <input type="text"/> | | |
| 13 | KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | 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 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Kolopua Workforce Housing Development Category 3 Facility 5-4-024-024 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|----------------------------|----------------------|-----|
| | | <input type="checkbox"/> Check here if any reports are attached or linked. | Link: <input type="text"/> | | |
| 13 | KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 36 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Koa'e Workforce Housing Development Category 3 Facility 2-6-004-019 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | Link: | | | |
| | | Check here if map(s) attached or linked. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 37 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|--|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Kauai Economic Opportunity Housing Category 3 Facility 3-8-006-001 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | Link: | | | |
| | | Check here if map(s) attached or linked. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|----------------------------|----------------------|-----|
| | | <input type="checkbox"/> Check here if any reports are attached or linked. | Link: <input type="text"/> | | |
| 13 | KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 38 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|--|---|--------------------------|---|-----|
| 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 Town Generator Building Category 3 Facility 4-5-11-54 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 39 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|--|---|--------------------------|---|-----|
| 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 Pool & Bath House Category 3 Facility 4-5-12-01 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|----------------------------|----------------------|-----|
| | | <input type="checkbox"/> Check here if any reports are attached or linked. | Link: <input type="text"/> | | |
| 13 | KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 40 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|--|---|--------------------------|---|-----|
| 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 | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 41 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Kapaa Neighborhood Center Category 3 Facility 4-5-12-15 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | Link: | | | |
| | | Check here if map(s) attached or linked. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 42 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Kanikoo Elderly Housing Phase I & 2 Category 3 Facility 3-6-004-009 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | 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 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | 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 | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | Link: | | | |
| | | Check here if map(s) attached or linked. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|-------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | 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 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|--|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Kalaheo Fire Station Category 3 Facility 2-3-03-08 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 45 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Hanapepe Refuse Transfer Station Category 3 Facility 1-8-8-79 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | Link: | | | |
| | | Check here if map(s) attached or linked. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|----------------------------|----------------------|-----|
| | | <input type="checkbox"/> Check here if any reports are attached or linked. | Link: <input type="text"/> | | |
| 13 | KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 46 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 Required to be Reported | | | | Facility Contact Information: | |
|--------|---|---|--|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Hanapepe Fire Station Category 3 Facility 1-9-05-047 | Facility Owner: | County of Kauai | Kathryn Leonard 808-241-1987 kleonard@kauai.gov | |
| 2 | ITP Section M (N)/ITL Section II.J | ITP Number: | | ITL Number: | ITL-29 | | |
| 3 | KSHCP Section 6.6.2.2(1) | List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | 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 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Hanapepe Baseyard Office Category 3 Facility 1-8-8-79 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 48 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|--|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Hanalei Fire Station Category 3 Facility 5-4-24-24 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 49 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Hanalei Courthouse Category 3 Facility 5-5-03-02 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | Link: | | | |
| | | Check here if map(s) attached or linked. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|----------------------------|----------------------|-----|
| | | <input type="checkbox"/> Check here if any reports are attached or linked. | Link: <input type="text"/> | | |
| 13 | KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if photos are attached or linked. | Link: <input type="text"/> | | |
| 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 50 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Hanalei Baseyard Category 3 Facility 5-5-03-02 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | Link: | | | |
| | | Check here if map(s) attached or linked. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 51 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: | |
|--------|---|---|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Arzadon Industrial Pump Station & Generator Building Category 3 Facility 4-3-9-09 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 52 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | Multiple Base Forms are included for this item. |
|--------|---|---|---|---|--------------------------|---|---|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Kalawai Park Category 5 Facility 2-4-05-13 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 53 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | Multiple Base Forms are included for this item. |
|--------|---|---|---|---|--------------------------|---|---|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Kilauea Park Category 5 Park 5-2-08-54 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 54 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 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 Park Category 5 Park 2-8-05-04 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 55 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | Multiple Base Forms are included for this item. |
|--------|---|---|--|---|--------------------------|---|---|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Bryan J. Baptiste Sports Complex Category 5 Park 4-5-15-32 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 56 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Peter Rayno Sr. Park Category 5 Park 3-7-03-09 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

Multiple Base Forms are included for this item.

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 57 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | Multiple Base Forms are included for this item. |
|--------|---|---|--|---|--------------------------|---|---|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Vidinha Stadium Complex Category 5 Parks 3-6-02-16 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 58 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | Multiple Base Forms are included for this item. |
|--------|---|---|---|---|--------------------------|---|---|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Wailua Golf Course Category 5 Park 3-9-02-04 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 59 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | |
|--------|---|---|---|---|--------------------------|---|-----|
| 1 | KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.1.1 | Facility Name, Facility Type and Location: | Wailua Homesteads Park Category 5 Park 4-2-03-18 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete. | | | N/A |

KSHCP Participant Annual Report - Base Form

Base Form #: 60 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. | |
|-----------------|------|-------------------|-----------------|---|--|

| Item # | Relevant Requirement | Information Required to be Reported | | | | Facility Contact Information: (name, phone, email) | Multiple Base Forms are included for this item. |
|--------|---|---|---|---|--------------------------|---|---|
| 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 Athletic Field Category 5 Park 1-2-06-38 | Facility Owner: | County of Kauai | 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 as follows: Fledglings (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 the HCP and with the discovery rate within the approved Participant Inclusion Plan | | | | | |
| | | Nonlethal Take: | | | | | |
| | | 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 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.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. | Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. | | None | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 8 | KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.1.5.a | Provide map or description of search route(s) used for conducting searches. | | | | | |
| | | 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 the frequency and timing of searches conducted at this facility: | | During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. 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 the personnel involved in search efforts at this facility: | | Parks Maintenance staff conducted daily search and monitoring. | | | |
| | | Check here if additional space is needed and continue on addendum sheet. | | | | | |
| 11 | KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.1.5.d. | On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found. | | None. | | | N/A |
| 12 | KSHCP Section 6.6.1.1 | Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. | | None. | | | |

| | | | | | |
|----|---|---|--------------|----------------------|-----|
| | | <input type="checkbox"/> 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.1.5.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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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.1.8. | Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued. | | None. | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 17 | ITP Section M.v.6 (N.v.6), ITP Section II.1.5.f. | Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season. | | Samples Provided | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 21 | ITP Section M (N)/ITL Section II.I | If applicable, describe any unforeseen circumstances. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 22 | ITP Section M (N)/ITL Section II.I | If applicable, describe progress made in achieving biological goals and objectives. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 23 | ITP Section M (N)/ITL Section II.I | If applicable, identify any problems that occurred and how they were handled. | | Not Applicable | |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum 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 |
| | | <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet. | | | |
| 25 | KSHCP Section 6.6.1.4 | Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the 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 |
| Use the spaces below to provide additional information pertaining to any item on the Base Form worksheet for which additional space is needed. For each entry, enter the corresponding Item Number and Relevant Requirement from the Base Form. Additional rows may be added 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, set 88 traps, caught 14 cats, observed 3 other predators & observed 0 downed birds. |
| | | | |

Summary of Training Efforts

| Reporting Year: | 2022 | Participant Name: | 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 | 16 | 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 | 16 | Monitor Training Video (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:

| |
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| County of Kauai |
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| 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 |