

## ITEM J-2

**From:** Tina Prettyman  
**To:** [Ferreira, Darlene S](#)  
**Subject:** [EXTERNAL] BLNR 08/14/20, Item J-2 - Documentation  
**Date:** Wednesday, August 12, 2020 12:08:12 PM  
**Attachments:** [GKM UST Permit and Inspection 02\\_12\\_20.pdf](#)

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Dear Darlene Ferreira:

Please see the following attached supporting documentation for distribution to Chair Case and all Board Members for the BLNR Meeting on 08/14/2020, Item J-2:

- 1) GKM's Permit issued by the Department of Health for the three USTs located at GKM
- 2) DOH's current inspection report dated 02/12/20 which reports no violations.

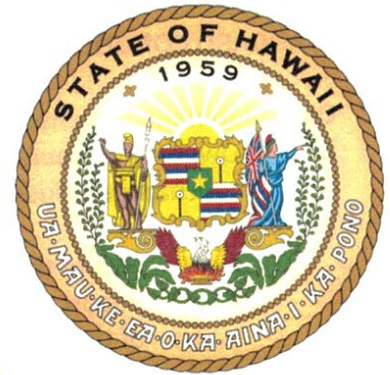
Also, just for the record, GKM's UST tanks are in very good condition and they have never leaked. All our piping, dispensers, sumps and leak detection were made brand new in 2008.

Sincerely,

Tina Prettyman  
General Manager  
GKM, Inc.  
74-425 Kealakehe Pkwy  
Kailua Kona, HI96740

# UNDERGROUND STORAGE TANK OPERATION PERMIT

HAWAII DEPARTMENT OF HEALTH  
SOLID & HAZARDOUS WASTE BRANCH  
919 Ala Moana Boulevard, Suite 212  
Honolulu, HI 96814



**PERMIT NO. P-2016-065**

**PERMITTEE:**

**OWNER NAME AND ADDRESS:**

GKM, Inc.  
74-425 Kealakehe Parkway  
Kailua-Kona, Hawaii 96740

**EFFECTIVE DATE:**

May 12, 2016

**EXPIRATION DATE:**

May 12, 2021

Renewal Application  
must be received by:

Nov 12, 2020

**OPERATOR NAME AND ADDRESS:**

GKM, Inc.  
74-425 Kealakehe Parkway  
Kailua-Kona, Hawaii 96740

This permit is issued under the provisions of Hawaii Revised Statutes (HRS), Chapter 342L, and Hawaii Administrative Rules (HAR), Title 11, Chapter 281, Subchapter 3. The above-named permittee is hereby authorized to operate the underground storage tanks (USTs) shown below:

**Facility Name:** GKM, Inc.

**Facility Address:** 74-425 Kealakehe Parkway, Kailua-Kona, HI 96740

**Facility ID Number:** 9-601874

**Description of permitted USTs:**

Tank ID No.	Capacity	Content
1	6,000 gallons	Diesel
2	6,000 gallons	Gasoline (89 octane)
3	6,000 gallons	Gasohol (87 octane)

**Subject to:** Standard and Special Conditions

Acceptance of this permit constitutes an acknowledgment and agreement that the holder will comply with all rules, statutes, and orders of the Department of Health (DOH) and the conditions precedent to the granting of this permit.

(for) DIRECTOR OF HEALTH  
State of Hawaii

**This permit must be kept on-site and shall be made available for inspection upon request.**

# Notice of Inspection

Pursuant to Chapter 11-280.1, Hawaii Administrative Rules

State of Hawaii Department of Health  
Environmental Management Division  
Solid and Hazardous Waste Branch  
2827 Waimano Home Road #100  
Pearl City, Hawaii 96782  
Phone: (808) 586-4226 Fax: (808) 586-7509  
Website: <http://health.hawaii.gov/shwb/underground-storage-tanks/>

Inspector  
*Nicole Okino*  
Date  
*2/12/20*  
Time In *12:00*  
Time Out *2:00*

Facility ID No. 9- *601874*

Facility Representative's Name  
*Tina Prettyman*

Email Address:  
Phone: *(808) 329-4896* Fax: ( )

Facility Name and Address  
*GKM Inc*  
*74-425 Kealakehe Pkwy 23*  
*Kailua-Kona 96740*

Phone: ( ) Fax: ( )

**AUTHORITY TO CONDUCT INSPECTION:** Pursuant to §342L-7(b), Hawaii Revised Statutes (HRS), a duly authorized representative of the DOH Solid and Hazardous Waste Branch may: enter at reasonable times any establishment or place; inspect and obtain samples from any person of any regulated substances contained in any underground storage tank or tank system; conduct monitoring or testing of the tanks or tank systems, associated equipment, contents, or soils, air, surface water, or groundwater; and take release response action.

**REASON FOR INSPECTION:**  
 To determine the extent of compliance with chapter 342L, HRS, and chapter 11-280.1, Hawaii Administrative Rules, which may require the collection of samples, documents, and/or photographs  
Other (specify) \_\_\_\_\_

**CONSENT TO ENTER PROPERTY** (  ) **ENTRY BY WARRANT** ( )  
 I voluntarily and knowingly consent to the entry by DOH personnel onto Facility Property for the limited purpose of conducting the inspection included in this Notice of Inspection. (Facility Representative Initial) or  
 I refuse to give consent for DOH personnel to enter Facility Property. (Facility Representative Initial)

**FOR VIOLATIONS: Refer to Field Citation Number: U-**

**ADDITIONAL DOCUMENTS/INFORMATION REQUESTED (Described Below):**

*No violations observed at this time*

The facts established by this inspection will be reviewed by personnel at the Department of Health. A final determination of your facility's compliance with the State statutes and regulations will be made as a result of this inspection. The review may reveal additional violations.

**RECEIPT OF THIS NOTICE OF INSPECTION IS ACKNOWLEDGED BY:**

<i>[Signature]</i>	<i>[Signature]</i>	<i>2/12/20</i>
Facility Representative's Signature	Inspector's Signature	Date
<i>[Signature]</i>		
Date <i>2/12/2020</i>	Assisting Inspector's Name	
	Assisting Inspector's Signature	Date