

NOTICE TO REQUESTER

(Use multiple forms if necessary)

TO: CARROLL COX
FROM: DEPARTMENT OF DESIGN & CONSTRUCTION

(Agency/name & telephone number of contact person at agency)

DATE REQUEST RECEIVED: August 19, 2014 (DDC received a copy August 22, 2014)
DATE OF THIS NOTICE: August 22, 2014

GOVERNMENT RECORDS YOU REQUESTED (attach copy of request or provide brief description below):
See Attached.

NOTICE IS PROVIDED TO YOU THAT YOUR REQUEST:

- Will be granted in its entirety.
- Cannot be granted because
- Agency does not maintain the records. Agency believed to maintain records: _____
 - Agency needs a further description or clarification of the records requested. Please contact the agency and provide the following information: _____
 - Request requires agency to create a summary or compilation from records not readily retrievable.
- Is denied in its entirety Will be granted only as to certain parts
based upon the following exemption provided in HRS § 92F-13 and/or § 92F-22 and other laws cited below
(portions of records that agency will not disclose should be described in general terms).

RECORDS OR
INFORMATION WITHHELD

APPLICABLE
STATUTES

AGENCY
JUSTIFICATION

REQUESTER'S RESPONSIBILITIES:

You are required to (1) pay any lawful fees assessed; (2) make any necessary arrangements with the agency to inspect, copy or receive copies as instructed below; and (3) provide the agency any additional information requested. If you do not comply with the requirements set forth in this notice within 20 business days after the postmark date of this notice or the date the agency makes the records available, you will be presumed to have abandoned your request and the agency shall have no further duty to process your request. Once the agency begins to process your request, you may be liable for any fees incurred. If you wish to cancel or modify your request, you must advise the agency upon receipt of this notice.

METHOD & TIMING OF DISCLOSURE:

Records available for public access in their entireties must be disclosed within a reasonable time, not to exceed 10 business days, or after receipt of any prepayment required. Records not available in their entireties must be disclosed within 5 business days of this notice or after receipt of any prepayment required. If incremental disclosure is authorized by HAR § 2-71-15, the first increment must be disclosed within 5 business days of this notice or after receipt of any prepayment required.

Method of Disclosure:

- Inspection at the following location: _____.
- As requested, a copy of the record(s) will be provided in the following manner:
- Available for pick-up at the following location: 650 S. King St., 11th floor, Honolulu, HI 96813
 - Will be mailed to you.

Will be transmitted to you by other means requested: _____.

Timing of Disclosure: All records, or first increment where applicable, will be made available or provided to you:

The first increment is attached to this response.

After prepayment of fees and costs of \$0.00 (50% of fees +100% of costs, as estimated below).

Payment may be made by cash or: personal check other _____.

ALTERNATIVELY: You may access a list of the requested documents at the following site: SEE ATTACHED LIST OF LINKS TO THE LIST OF PERSONAL SERVICE CONTRACTS FROM JANUARY 1, 2006 TO JUNE 30, 2011.

If however, you continue to desire copies, you must contact each department separately. Each department will provide you with a cost of searching, segregating and copying the requested documents. You are then are required to submit the applicable cost and fees.

For incremental disclosures, each subsequent increment will be disclosed within 20 business days after:

The prior increment (if one prepayment of fees is required and received).

Receipt of each incremental prepayment required.

Disclosure is being made in increments because the records are voluminous and the following extenuating circumstances exist:

- Agency must consult with another person to determine whether the record is exempt from disclosure under HRS chapter 92F
- Request requires extensive agency efforts to search, review, or segregate the records or otherwise prepare the records for inspection or copying.
- Agency requires additional time to respond to the request in order to avoid an unreasonable interference with its other statutory duties and functions.
- A natural disaster or other situation beyond agency's control prevents agency from responding to the request within 10 business days.

ESTIMATED FEES & COSTS:

The agency is authorized to charge you certain fees and costs to process your request (even if no record is subsequently found to exist), but must waive the first \$30 in fees assessed for general requesters and the first \$60 in fees when the agency finds that the request made is in the public interest. See HAR §§ 2-71-19, -31 and -32. The agency may require prepayment of 50% of the total estimated fees and 100% of the total estimated costs prior to processing your request. The following is the estimate of the fees and costs that the agency will charge you, with the applicable waiver amount deducted:

Fees: Search	Estimate of time to be spent: (10 minutes) (\$2.50 for each 15-minute period)	\$ 2.50
Review & segregation	Estimate of time to be spent: (0 minutes) (\$5.00 for each 15-minute period)	\$ 0.00
Fees waived	<input type="checkbox"/> general (\$30) <input checked="" type="checkbox"/> public interest (\$60)	<\$ 60>
Other	_____ (Pursuant to HAR § 2-7-31(B))	\$
Total Estimated Fees:		\$ 0.00

Costs: Copying Estimate of # of pages to be copies 2
(@ \$ 0.50 for the first page. \$0.25 per page after.)

Other

\$ _____

Total Estimated Costs:

\$ 0.75

For questions about this notice, please contact the person named above. Questions regarding compliance with the UIPA may be directed to the Office of Information Practices at 808-586-1400 or oip@hawaii.gov.

CarrollCox.com

DEPARTMENT OF DESIGN AND CONSTRUCTION
CITY AND COUNTY OF HONOLULU

650 SOUTH KING STREET, 11TH FLOOR
HONOLULU, HAWAII 96813
Phone: (808) 768-8480 • Fax: (808) 768-4567
Web site: www.honolulu.gov

KIRK CALDWELL
MAYOR



MARK YONAMINE, P.E.
ACTING DIRECTOR
GERALD HAMADA, P.E.
ACTING DEPUTY DIRECTOR
571910

July 22, 2014

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
(7002 2030 0006 6813 2978)

Mr. Marvin Krael, Assistant Project Manager
Global Specialty Contractors, Inc.
5 Sand Island Access Road, Building 920
Honolulu, Hawaii 96819

Dear Mr. Krael:

Subject: Honolulu Zoo Hippo Filtration System
Contract No.: CT-DDC-1300378, Job No.: 12-P-02

In accordance with the General Condition of Construction Contracts (7/99), Chapter 8 – Dispute and Remedies, Section 8.1 – Suspension of Work, item (a), (4) Unacceptable noise or dust arising from the construction even if it does not violate and law or regulation, (b) Partial and Total Suspension, you are hereby directed to suspend all construction activities for the Honolulu Zoo Hippo Filtration System project until further notice.

This suspension of work is required due to the untimely death of one of the hippos.

Should you have any questions related to this suspension of work, please do not hesitate to call Eddie Agas at 768-8446.

Very truly yours,


Mark Yonamine, P.E.
Acting Director

MY:ln

cc: The Limtiaco Consulting Group

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Mr. Marvin Krael
Global Specialty Contractors, Inc.
5 Sand Island Access Road Bldg. 920
Honolulu, Hawaii 96819

2. Article Number
(Transfer from service label)

7002 2030 0006 6813 2985

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Marvin Krael* Agent Addressee

B. Received by (Printed Name) *Marvin Krael* C. Date of Delivery *7/25/14*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

CarrollCOX.COM

Megan Muramatsu

REQUEST TO ACCESS A GOVERNMENT RECORD

DATE 8/19/14

TO Department of Enterprises Services

FROM Carroll Cox c/o "THE CARROLL COX SHOW"

Name or Alias P.O. Box 89-4202 Mililani, HI 96782

Contact Information 808-782-6627 email carroll@carrollcox.com

Although you are not required to provide any personal information, you should provide enough information to allow the agency to contact you about this request. The processing of this request may be stopped if the agency is unable to contact you. Therefore, please provide any information that will allow the agency to contact you (name or alias, telephone or fax number, mailing address, e-mail address, etc.).

I WOULD LIKE THE FOLLOWING GOVERNMENT RECORD

Describe the government record as specifically as possible so that it can be located. Try to provide a record name, subject matter, date, location, purpose, or names of persons to whom the record refers, or other information that could help the agency identify the record. A complete and accurate description of the government record you request will prevent delays in locating the record.

Copy of necropsy performed on "Rosey" the hippo.

Copy of any Work stop order for the Hippo enclosure issued after the death of "Rosey" the hippo.

Copy of any incident report generated after workers discovered the dead and sickened hippopotamusi.

I WOULD LIKE: (Please check one or more of the options below.)

To inspect the government record.

A copy of the government record: (Please check one of the options below.) See the back of this page for information about fees that you may be required to pay for agency services to process your record request. Note: Copying and transmission charges may also apply to certain options.

Pick up at agency (date and time) _____

Mail

Fax (toll free and only if available)

Other, if available (please specify): _____

Email requested information to carroll@carrollcox.com

If the agency maintains the records in a form other than paper, please advise in which format you would prefer to have the record.

Electronic Audio Other (please specify): _____

Check this box if you are attaching a request for waiver of fees in the public interest (see waiver information on back)

SEE BACK FOR IMPORTANT INFORMATION

001 (Rev. 9/12/04)

I request that all fees be waived. The requested information will be used to educated the public on the function and operation of the honolulu government.