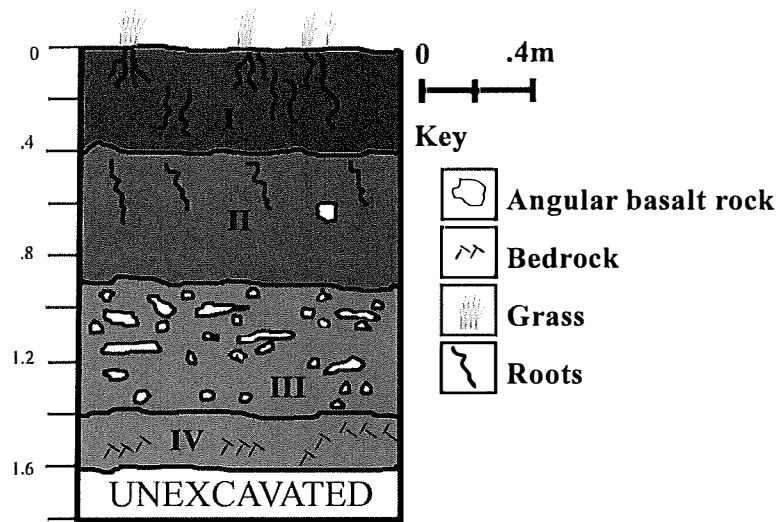
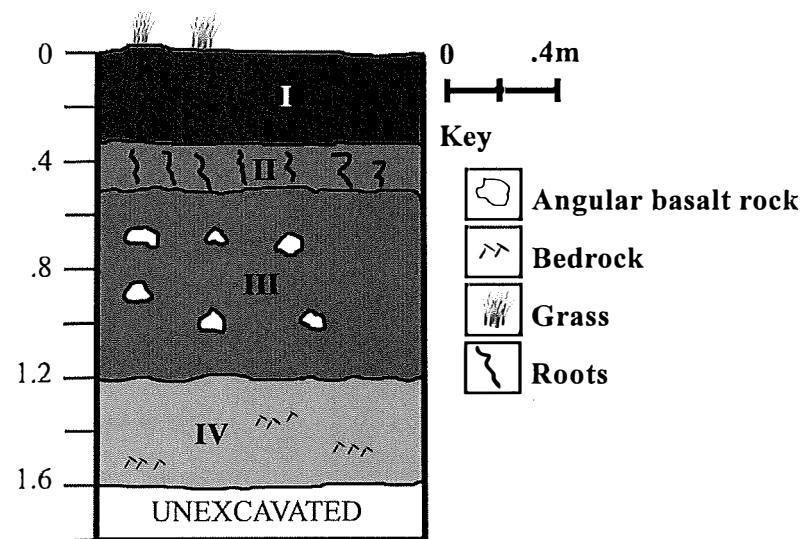


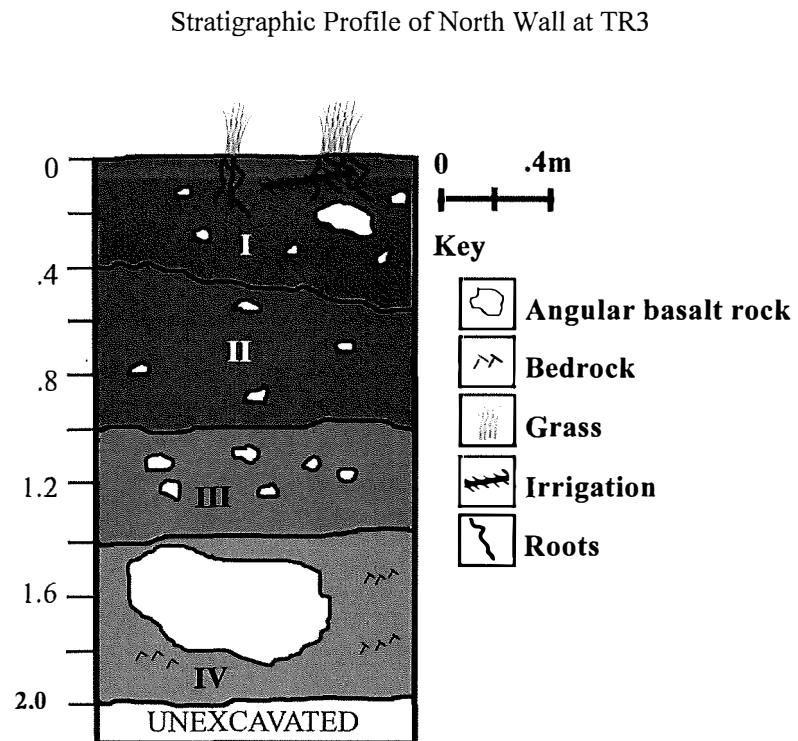
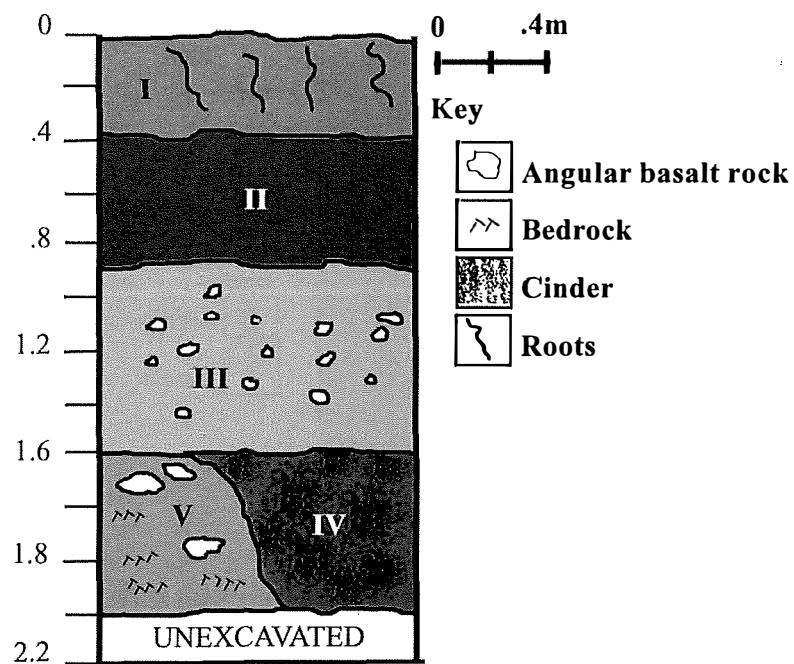
## *APPENDIX A*

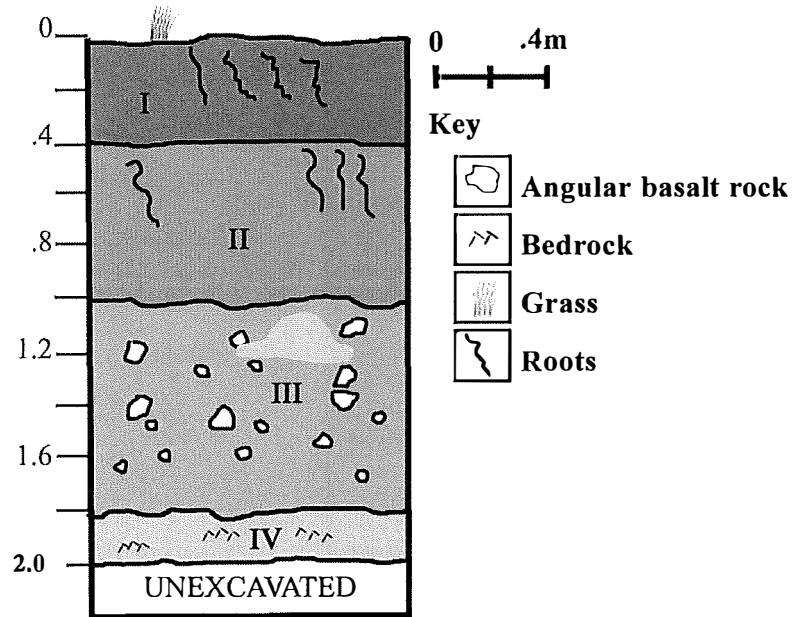


## Stratigraphic Profile of West Wall at TR1

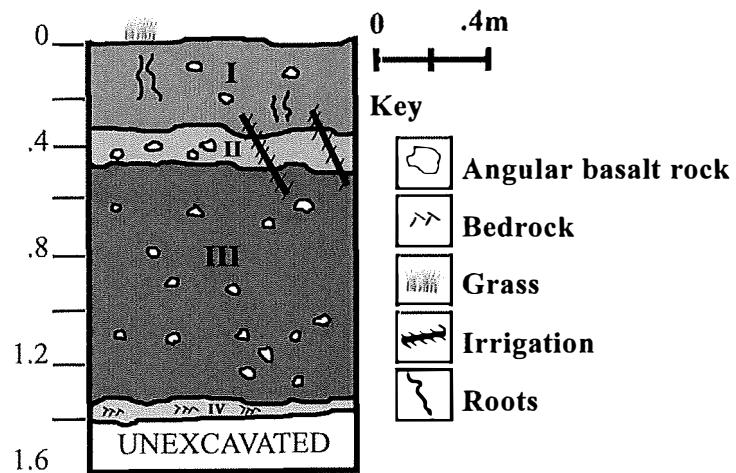


### Stratigraphic Profile of East Wall at TR2

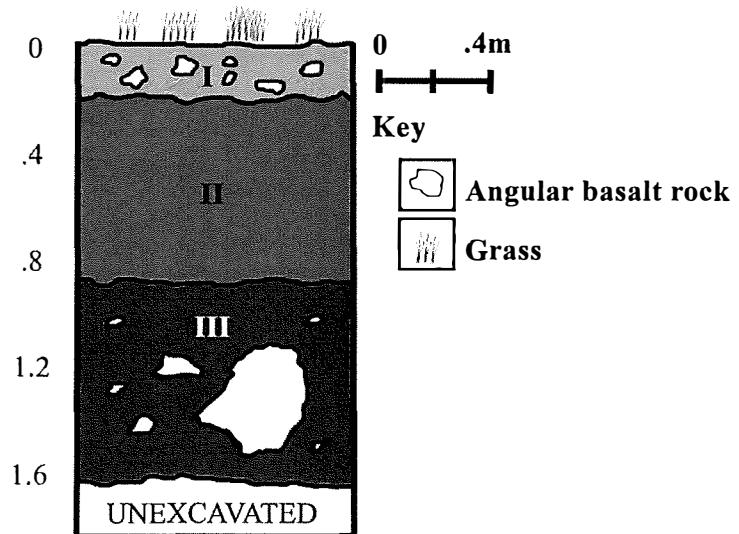
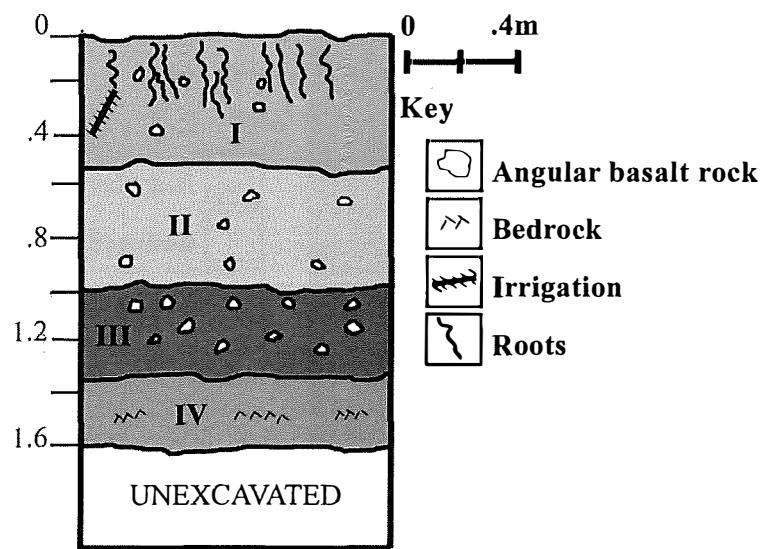


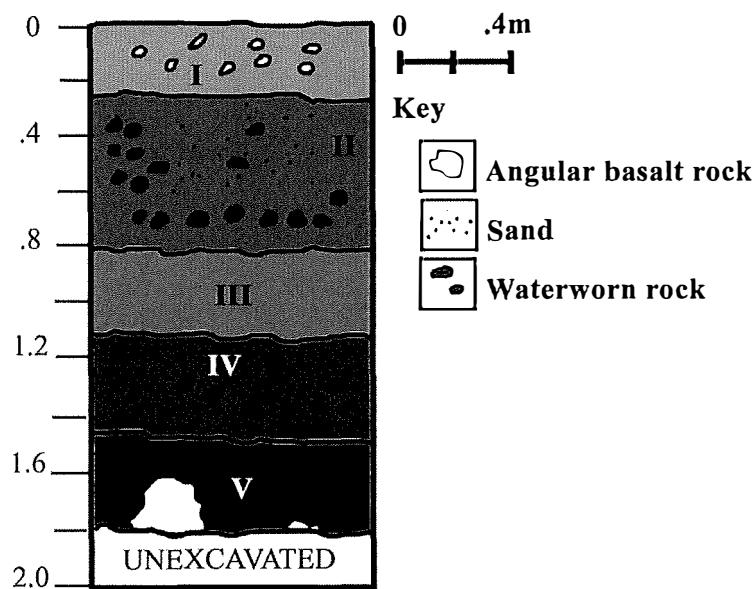
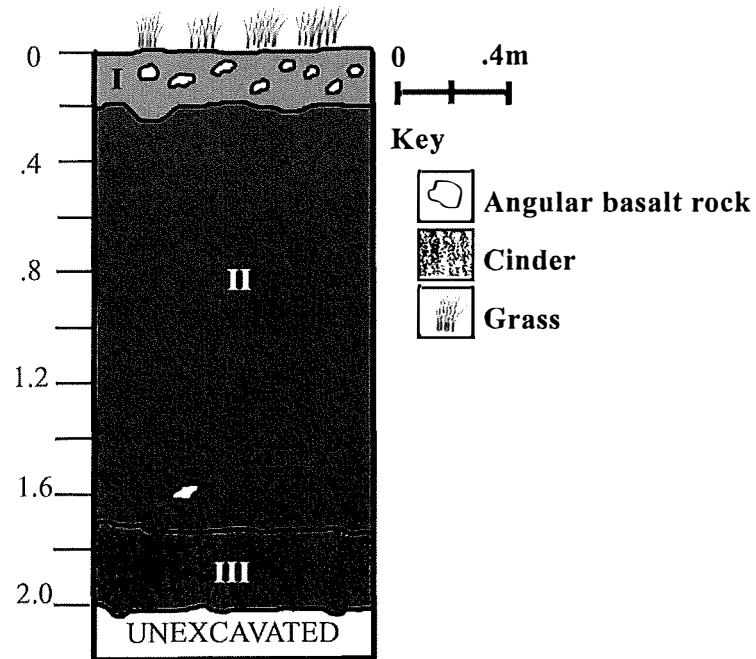


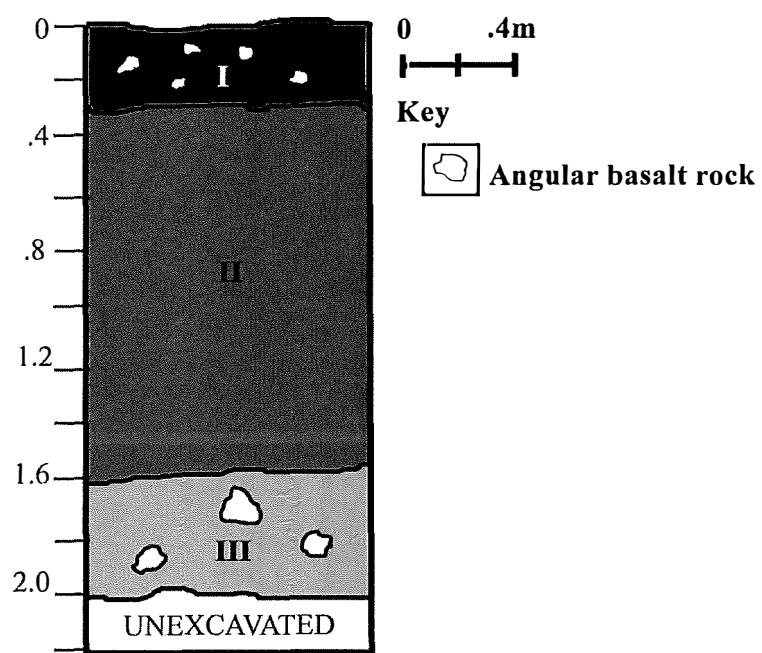
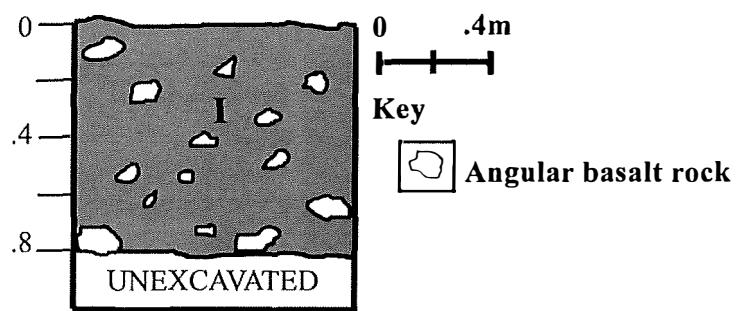
Stratigraphic Profile of West Wall at TR5

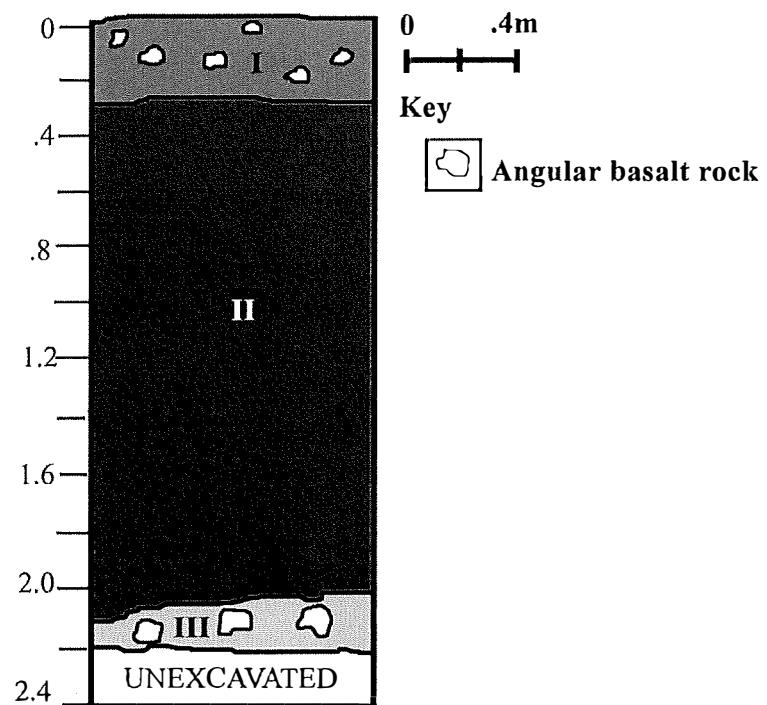


Stratigraphic Profile of North Wall at BD1

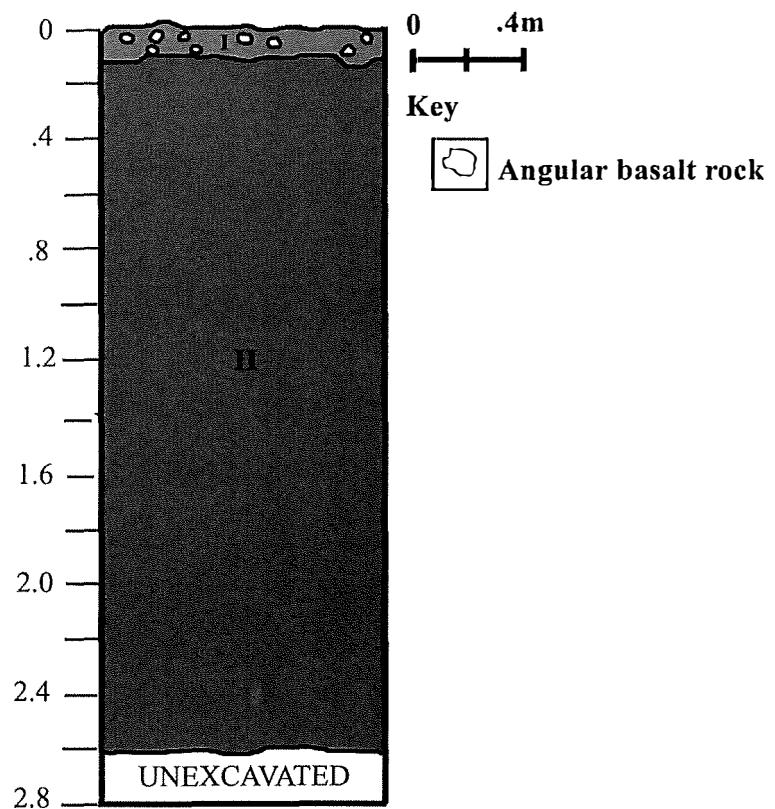




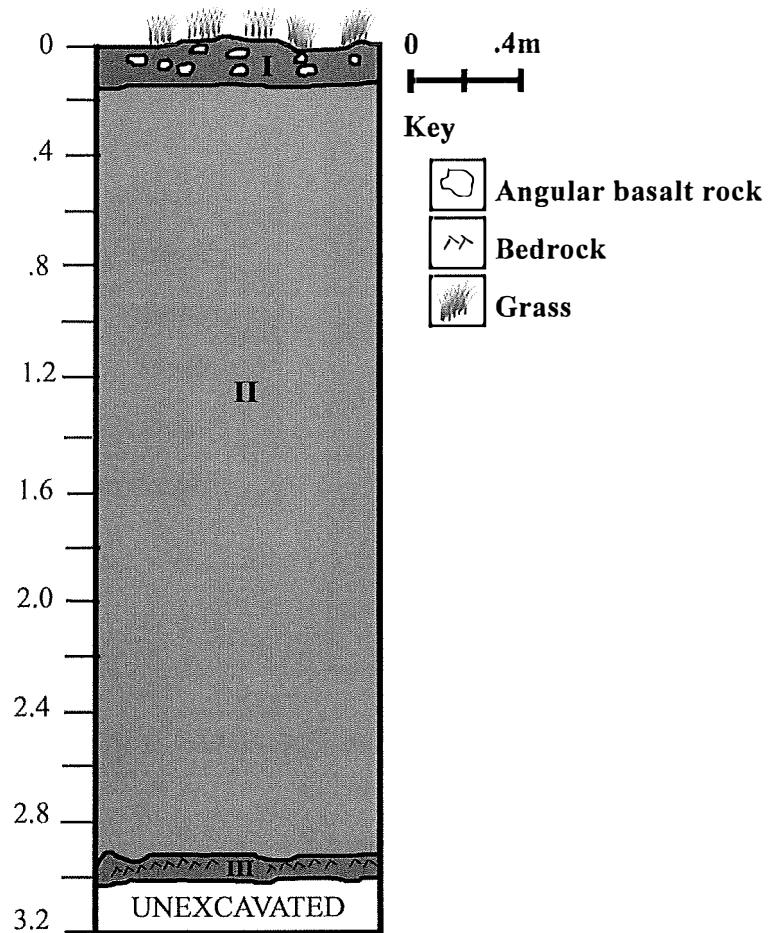




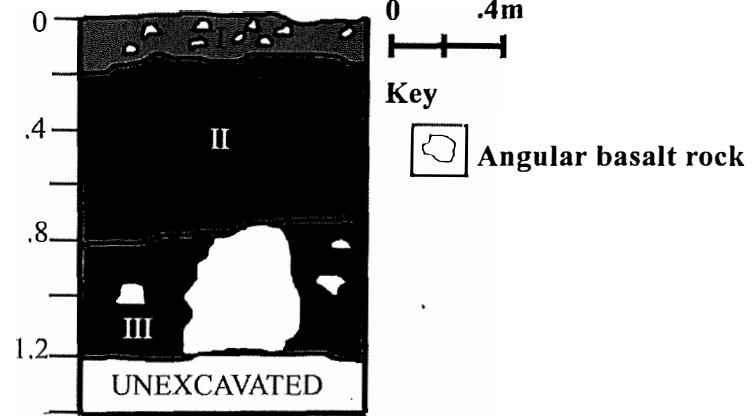
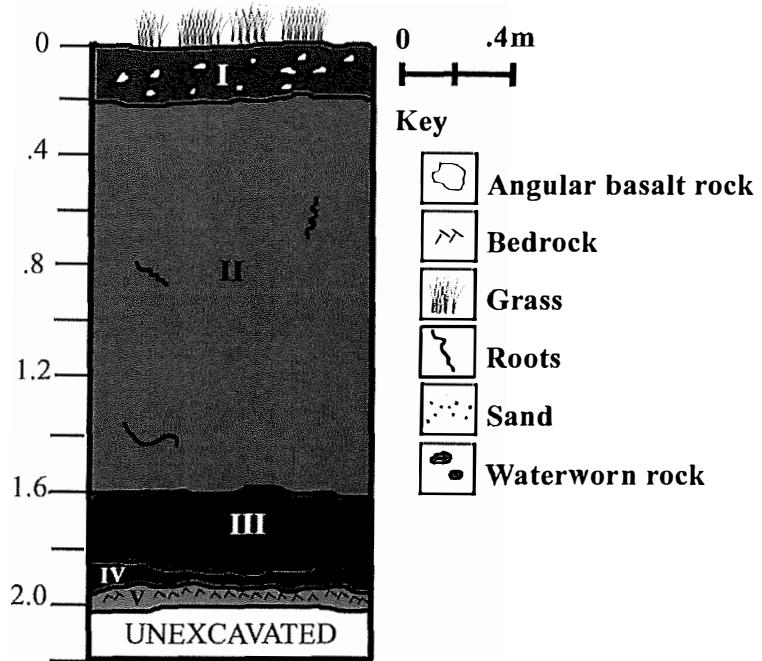
Stratigraphic Profile of North Wall at TR11

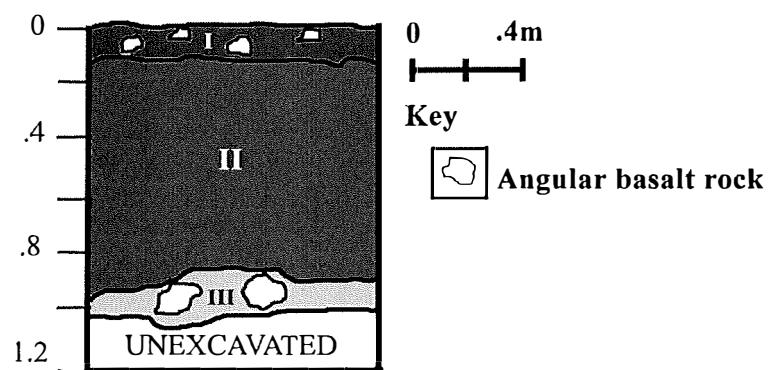
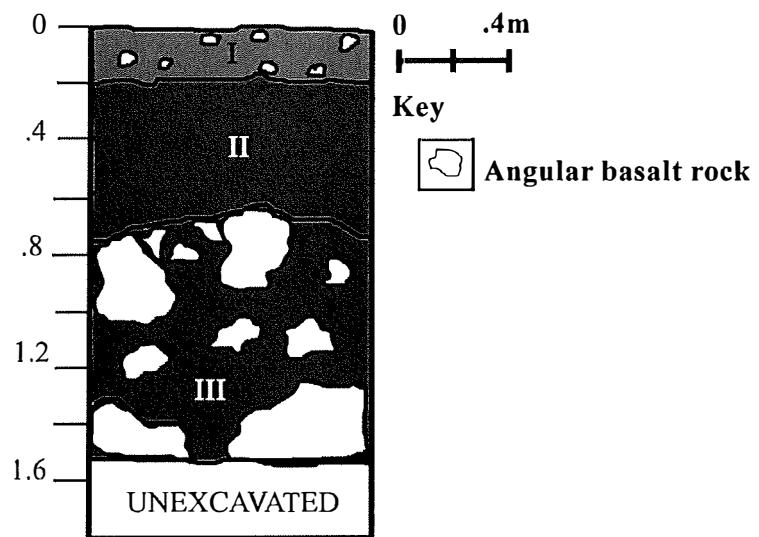


Stratigraphic Profile of North Wall at TR12



### Stratigraphic Profile of North Wall at TR13







2020 COUNTY  
SPECIAL USE PERMIT  
COMPLIANCE REPORT

APPENDIX

H

November 6, 2020

Michele Chouteau McLean, AICP, Director  
County of Maui  
Department of Planning  
**Attention: Paul Fasi, Planner**  
2200 Main Street, Suite 315  
Wailuku, Hawai'i 96793

SUBJECT: County Special Use Permit for the Hawaiian Cement Pu'unēnē Quarry; Pūlehunui, Kahului, Maui; TMK (2)3-8-004:001(por.); CUP 2006/0002

Dear Ms. McLean:

At its regularly scheduled meeting on May 27, 2014, the Maui Planning Commission (Commission) approved a time extension request for the County Special Use Permit (CUP) (CUP 2006/0002) for the Hawaiian Cement Pu'unēnē Quarry at Pūlehunui, Kahului, Hawai'i. The Commission's approval was subject to six (6) conditions. See **Exhibit "A"**.

Condition Number 5 of the 2014 CUP time extension approval recommended:

*That the Applicant shall submit to the Department two (2) copies of a detailed report addressing its compliance with the conditions established with the County Special Use Permit CUP 2006/0002 and the State Land Use Commission Special Permit SP 92-380. The compliance report shall be submitted to the Department for review and approval prior to a time extension request or an amendment to the existing County Special Use Permit.*

On behalf of Hawaiian Cement, we are submitting this compliance report in order to fulfil Condition Number 5 of the CUP time extension approval.

**Condition Number 1:**

*That the County Special Use Permit shall be valid until July 21, 2032 or the expiration date for the State Land Use Commission Special Permit, whichever is longer, subject to extension by the Planning Director upon a*

*timely request for extension filed at least ninety (90) days prior to its expiration. The Commission may require a public hearing on the time extension.*

**Response:** The Applicant acknowledges this condition. Future time extension requests, if needed, will be submitted in a timely manner as noted in this condition.

**Condition Number 2:**

*That the County Special Use Permit shall not be transferred without the prior written approval of the Planning Director.*

**Response:** The Applicant acknowledges this condition and notes that a transfer of permit is not contemplated.

**Condition Number 3:**

*That the Applicant, its successors and permitted assigns shall exercise reasonable due care as to third parties with respect to all areas affected by subject County Special Use Permit and shall procure at its own cost and expense, and shall maintain during the entire period of this County Special Use Permit, a policy or policies of comprehensive liability insurance in the minimum amount of ONE MILLION AND NO/100 DOLLARS (1,000,000.00) naming the County of Maui as an additional named insured, insuring and defending the Applicant and County of Maui against any and all claims or demands for property damage, personal injury and/or death arising out of this permit, including but not limited to: (1) claims from any accident in connection with the permitted use, or occasioned by any act or nuisance made or suffered in connection with the permitted use in the exercise by the applicant of said rights; and (2) all actions, suits, damages and claims by whomsoever brought or made by reason of the non-observance or non-performance of any of the terms and conditions of this permit. A copy of a policy naming County of Maui as an additional named insured shall be submitted to the Department of Planning (Department) within ninety (90) calendar days from the date of transmittal of the decision and order.*

**Response:** The Applicant acknowledges this condition. A current Certificate of Insurance is provided herein as **Exhibit “B”**.

**Condition Number 4:**

*That full compliance with all applicable governmental requirements shall be rendered; and*

**Response:** The Applicant acknowledges this condition.

**Condition Number 5:**

*That the Applicant shall submit to the Department two (2) copies of a detailed report addressing its compliance with the conditions established with the County Special Use Permit CUP 2006/0002 and State Land Use Commission Special Permit SP 92-380. The compliance report shall be submitted to the Department for review and approval prior to a time extension request or an amendment to the existing County Special Use Permit.*

**Response:** The Applicant acknowledges this condition and notes that this report addresses compliance with the CUP conditions. A report addressing compliance with the State Land Use Commission Special Permit was submitted on January 31, 2020 to the State Land Use Commission and Department of Planning.

**Condition Number 6:**

*That the quarry area is expanded by approximately 42 acres and includes the 9.697-acre portion of the quarry within the permitted area, known as Area "C".*

**Response:** The Applicant acknowledges this condition relative to a previously approved expansion of the quarry area.

Michele Chouteau McLean, AICP, Director  
November 6, 2020  
Page 4

Should you have any questions, or require additional information, please feel free to contact me at (808) 983-1233, or via email at [planning@munekiyohioraga.com](mailto:planning@munekiyohioraga.com).

Very truly yours,



Bryan K. Esmeralda, AICP  
Senior Associate

BE:la  
Attachments

cc: **Dave Gomes, Hawaiian Cement (w/attachments)**  
K:\DATA\HawnCem\PuuneneQuarry\CUP Compliance Report\CUPComplianceRept.ltr.docx

**EXHIBIT A.**

**County Special Use Permit Amendment  
Approval Letter Dated June 18, 2014**

ALAN M. ARAKAWA  
Mayor

WILLIAM R. SPENCE  
Director

MICHELE CHOUTEAU McLEAN  
Deputy Director



JUN 19 2014

COUNTY OF MAUI  
**DEPARTMENT OF PLANNING**

June 18, 2014

Ms. Karlynn Fukuda, Executive Vice President  
Munekiyo & Hiraga, Inc.  
305 High Street, Suite 104  
Wailuku, Hawaii 96793

Dear Ms. Fukuda:

**SUBJECT: AMENDMENT TO STATE LAND USE COMMISSION SPECIAL PERMIT (SP) AND AMENDMENT TO COUNTY SPECIAL USE PERMIT (CUP) FOR THE HAWAIIAN CEMENT PUUNENE ROCK QUARRY, PULEHUNUI, KAHULUI, ISLAND OF MAUI, HAWAII; TMK: (2) 3-8-004:001 (POR.) (SUP1 91-0013) (SP 92-380) (CUP 2006/0002)**

At its regular meeting on May 27, 2014, the Maui Planning Commission (Commission) voted to recommend approval to the State Land Use Commission, the following proposed amendments to **State Land Use Commission Special Permit (SP 92-380)**:

1. To expand the quarry area by approximately 42 acres at TMK: (2) 3-8-004:001 (por.);
2. To include the 9.697-acre portion of the quarry within the permitted area (Area "C");
3. To delete Condition No. 16 of SP 92-380 as the Applicant has submitted said updated map to the Department of Planning; and
4. To approve a 15-year time extension for SP 92-380.

Further, the Commission also approved the proposed amendments to the **County Special Use Permit (CUP 2006/0002)** as follows:

**Note:** New material underlined; deleted material [bracketed]

1. That the County Special Use Permit shall be valid until July 21, 2032 [July 31, 2018], or the expiration date for the State Land Use Commission Special Permit, whichever is longer, subject to extension by the Planning Director [Maui Planning Commission] upon a timely request for extension filed at least ninety (90) days prior to its expiration. The Commission may require a public hearing on the time extension.

2. That the County Special Use Permit shall not be transferred without the prior written approval of the Planning Director [Maui Planning Commission].
3. That the Applicant, its successors and permitted assigns shall exercise reasonable due care as to third parties with respect to all areas affected by subject County Special Use Permit and shall procure at its own cost and expense, and shall maintain during the entire period of this County Special Use Permit, a policy or policies of comprehensive liability insurance in the minimum amount of ONE MILLION AND NO/100 DOLLARS (1,000,000.00) naming the County of Maui as an additional named insured, insuring and defending the Applicant and County of Maui against any and all claims or demands for property damage, personal injury and/or death arising out of this permit, including but not limited to: (1) claims from any accident in connection with the permitted use, or occasioned by any act or nuisance made or suffered in connection with the permitted use in the exercise by the applicant of said rights; and (2) all actions, suits, damages and claims by whomsoever brought or made by reason of the non-observance or non-performance of any of the terms and conditions of this permit. A copy of a policy naming County of Maui as an additional named insured shall be submitted to the Department of Planning (Department) within ninety (90) calendar days from the date of transmittal of the decision and order.
4. That full compliance with all applicable governmental requirements shall be rendered; and
5. That the Applicant shall submit to the Department two (2) copies of a detailed report addressing its compliance with the conditions established with the County Special Use Permit CUP 2006/0002 and State Land Use Commission Special Permit SP 92-380. The compliance report shall be submitted to the Department for review and approval prior to a time extension request or an amendment to the existing County Special Use Permit.
6. That the quarry area is expanded by approximately 42 acres and includes the 9.697-acre portion of the quarry within the permitted area, known as Area "C".

The Commission adopted the Report and Recommendation prepared by the Department of Planning for the May 27, 2014, meeting as its Findings of Fact, Conclusions of Law, and Decision and Order. Parties to proceedings before the Commission may obtain Judicial Review of Decision and Orders issued by the Commission in the manner set forth in Chapter 91-14, Hawaii Revised Statutes (HRS).

Ms. Karlynn Fukuda, Executive Vice President  
June 18, 2014  
Page 3

Thank you for your cooperation. If additional clarification is required, please contact Staff Planner Paul Fasi at [paul.fasi@mauicounty.gov](mailto:paul.fasi@mauicounty.gov) or at (808) 270-7814.

Sincerely,



WILLIAM SPENCE  
Planning Director

xc: Clayton I. Yoshida, AICP, Planning Program Administrator (PDF)  
Paul F. Fasi, Staff Planner (PDF)  
Development Services Administration  
William Aila, Jr., Chairperson, Department of Land and Natural Resources  
State of Hawaii Land Use Commission  
CZM File (SUP)  
Project File  
General File

WRS:PFF:nst  
K:\WP\_DOCS\PLANNING\SUP1\1991\0013\_HawaiianCementQuarry\_tx\Quarry Expansion 2014\MPCappl.doc

**EXHIBIT B.**

**Certificate of Insurance**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/19/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**  
Marsh USA Inc.  
333 South 7th Street, Suite 1400  
Minneapolis, MN 55402-2400  
Attn: MDU.CertRequest@marsh.com

CN102299309-HAWAC-GAWX-20- 2010 2037 HAWCE AI Y

**CONTACT**  
NAME: \_\_\_\_\_  
PHONE (A/C. No. Ext.): \_\_\_\_\_  
FAX (A/C. No.): \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Liberty Mutual Fire Ins Co

23036

INSURER B : Associated Electric & Gas Ins Services Ltd

3190004

INSURER C : Liberty Insurance Corporation

42404

INSURER D :

INSURER E :

INSURER F :

## COVERAGEs

## CERTIFICATE NUMBER:

CHI-007184517-56

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR IN&D W/WD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/RR/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <input type="checkbox"/> <input type="checkbox"/>  <b>GEN'LAGGREGATE LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC  <input type="checkbox"/> OTHER:		TB2-641-005097-040	01/01/2020	01/01/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ex occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ 1,000,000 \$ 10,000 \$ 2,000,000 \$ 4,000,000 \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		AI2-641-005097-050	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ex accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ 2,000,000 \$ \$ \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		XL5063409P	01/01/2020	01/01/2021	EACH OCCURRENCE AGGREGATE \$ 5,000,000 \$ 5,000,000 \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WA7-640-005097-020 (Regulated) WA7-640-005097-010 (AOS) *INCLUDES "STOP-GAP"	01/01/2020 01/01/2020	01/01/2021 01/01/2021	X PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$ 1,000,000 \$ 1,000,000 \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Puunene Quarry and the TMKs (TMK 3-8-004: 001 and 002; TMKs 3-8-008: 001 and 031)

County of Maui is included as an additional insured as required by permit SP02-390, SUP1 91/0013 and CUP 2006/0002 as respects the General Liability and Auto Liability. Blanket Additional Insured for General Liability is included per attached CG 2010 and CG 2037 Endorsements and does not include professional liability coverage. Blanket Additional Insured for Automobile Liability is included per attached designated Insured Endorsement CA 2048. Excess liability applies to general liability, products and completed operations, automobile liability, and employers liability.

## CERTIFICATE HOLDER

## CANCELLATION

County of Maui  
Department of Planning  
200 S. High Street  
Wailuku, Maui, HI 96793

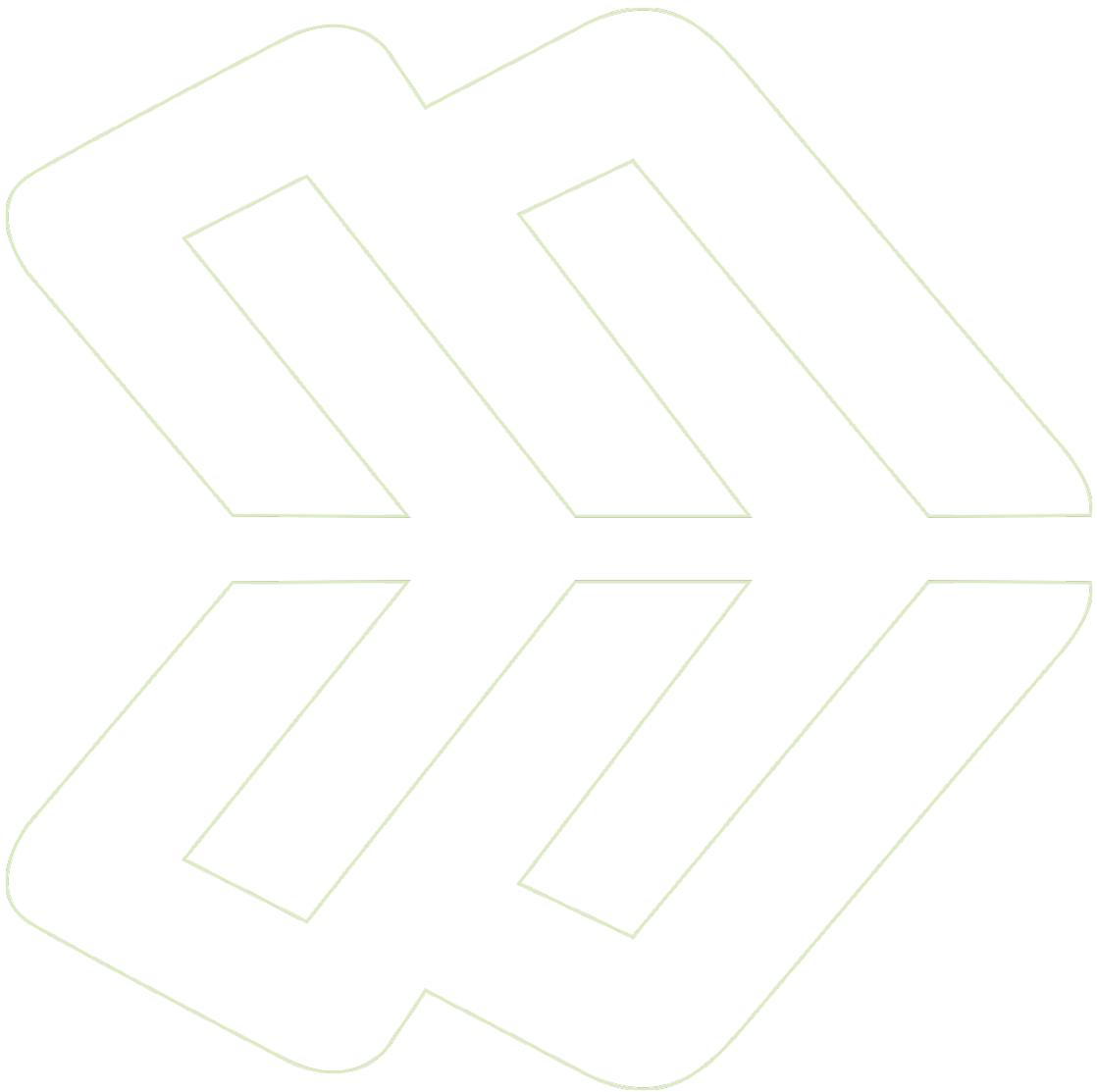
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
of Marsh USA Inc.

Manashili Mukherjee

*Manashili Mukherjee*

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**MUNEKIYO HIRAGA**

Planning. Project Management. Sustainable Solutions.