

JAN - 5 2012



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January 5, 2012

CERTIFIED MAIL NO. 7002 3150 0001 6551 1467
RETURN RECEIPT REQUESTED

Ms. Dora Beck
Acting Director
Department of Environmental Management
County of Hawaii
25 Aupuni Street, Room 210
Hilo, Hawaii 96720

Attn: Ms. Robin Bauman

Dear Ms. Beck:

Subject: Water Pollution Control Revolving Fund (WPCRF)
Interim Loan Agreement
Project No. C150062 37
Pua Sewage Pump Station - Pump Replacement

We are pleased to offer the County of Hawaii a WPCRF loan for \$2,300,000 to finance the subject project.

We request your assistance in executing the WPCRF Interim Loan Agreement. Please sign and return all four sets each (original and three copies) of the attached WPCRF Interim Loan Agreement to:

Wastewater Branch
919 Ala Moana Blvd., Suite 309
Honolulu, Hawaii 96814

• A fully executed copy of the Interim Loan Agreement will be returned to your office by certified mail.

We intend to replace the WPCRF Interim Loan Agreement with a Final Loan Agreement, after the COUNTY complies with the conditions in section 7.f and 11.c of the Interim Loan Agreement.

We would like to thank you in advance for your cooperation and support of the State WPCRF Program.

Ms. April Matsumura has been assigned as the project officer for your project. If you have any questions on the overall objectives of this agreement, please contact her at (808) 586-4294. If you have questions relating to fiscal and administrative matters, please contact Mr. Adrian Lau at (808) 586-4294.

Sincerely,



STUART YAMADA, P.E., CHIEF
Environmental Management Division

AL:cle

Enclosures:

c: Planning and Design Section

MS. J. YAMADA

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:

Ms. Dora Beck
 Acting Director
 Dept of Environmental Mgmt
 County of Hawaii
 25 Aupuni St., Room 210
 Hilo, HI 96720

2. Article Number

(Transfer from service label)

7002 3150 0001 6551 1467

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

SRPANKOSKI

C. Date of Delivery

1-3-12

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

7002 3150 0001 6551 1467

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Interim Agent
 Postmark
 C150062 37
 JAN 11 2012

Sent To *Ms Dora Beck*
 Street, Apt. No., or PO Box No. *25 Aupuni St. Rm 210*
 City, State, ZIP+4 *Hilo, HI 96720*

PS Form 3800, June 2002 See Reverse for Instructions