

State of Hawaii  
DEPARTMENT OF LAND AND NATURAL RESOURCES  
Division of Aquatic Resources  
Honolulu, Hawaii 96813

June 12, 2009

Board of Land  
and Natural Resources  
Honolulu, Hawaii

Request for Approval of Special Activity Permit 2009-100 for Dr. Celia Smith of  
The University of Hawaii at Manoa, Botany Department, and Designated Assistants

The applicant proposes to remove alien and invasive marine algae from the Waikiki Marine Life Conservation District, Oahu in an attempt to allow native algae to replace these removed species and bring the habitat to a more natural balance. This activity is scheduled for Saturday, June 20, 2009, as part of a community clean up effort. DAR staff is scheduled to be in attendance.

RECOMMENDATION:

“That the Board authorize and approve, with stated conditions, this Special Activity Permit for Dr. Celia Smith of The University of Hawaii at Manoa.”

Respectfully submitted,



DAN POLHEMUS  
Administrator

APPROVED FOR SUBMITTAL:



AURA H. THIELEN  
Chairperson

Department of Land & Natural Resources  
DIVISION OF AQUATIC RESOURCES  
1151 Punchbowl Street, Room 330  
Honolulu, Hawaii 96813

Date Issued: June 12, 2009

Valid not longer than June 30, 2009

### SPECIAL ACTIVITY PERMIT

The Department of Land and Natural Resources hereby grants permission for certain activities involving aquatic organisms belonging to the people of Hawaii, under Section 187A-6, Hawaii Revised Statutes, and other applicable laws.

The Permittee is

|              |                        |          |                        |
|--------------|------------------------|----------|------------------------|
| Name:        | Dr. Celia Smith        | Address: | Botany Department      |
| Title:       | Principal Investigator |          | 3190 Maile Way, Rm 101 |
| Affiliation: | UH-Manoa               |          | Honolulu, HI 96822     |

This permit is issued, subject to the general and special conditions, for the removal of alien and invasive marine algae species listed in the table below from within the Waikiki Marine Life Conservation District, Oahu as part of a community reef clean up project.

| Common Name  | Scientific Name   | Number Specimen | Location<br>See Special<br>Conditions II.B. |
|--------------|---|-----------------|---|
| Marine Algae | <i>Gracilaria salicornia</i> ,<br><i>Acanthophora spicifera</i> ,<br><i>Ulva fasciata</i> | 100 bags        | Waikiki MLCD                                |

#### I. GENERAL CONDITIONS:

- A. This permit does not make the Department of Land and Natural Resources or the State of Hawaii liable in any way for any claim of personal injury or property damage to the permittee or assistants which may occur during any activity conducted under this permit; moreover, the permittee and all assistants agree to hold the State harmless against any and all claims of personal injury, death or property damage resulting from activities of the permittee or any assistant.
- B. This permit conveys a privilege to engage in only those activities under the jurisdiction of the Department of Land and Natural Resources. The permittee is responsible for complying with all applicable County, State, and Federal requirements. The permit does not convey any privilege of access over or through private property.

- C. The permittee and each assistant are individually responsible and accountable for their actions while conducting activities authorized under this permit; additionally, the permittee is responsible and accountable for the actions of the permittee's assistants.
- D. This permit is not transferable or assignable. Any person whose name does not appear on this permit and is conducting any activity described herein is subject to prosecution for violation of State laws.
- E. The permittee may request changes to the permit. Any such request to make changes to the permit must be made in writing and received by the Department at least thirty days prior to the change. The addition of new assistants will require each individual to sign the Attachment on page 6 stating that they have read, understood, and agree to abide by all general and special permit conditions. No change may be implemented without written approval from the Department.
- F. The permittee may request to:
  - 1. Add assistants to the permit;
  - 2. Add another permittee or replace an existing permittee in the manner stated above;  
and
  - 3. Change the activities authorized under this permit.
- G. The permittee or their assistant(s) must have with them a copy of this permit while conducting activities authorized by this permit.
- H. This permit authorizes collection of organisms protected by Federal law only with prior appropriate Federal authority, which must be described on Page 1 of this permit (if applicable).
- I. This permit does not authorize the sale of any collected organism.
- J. This permit expires on the date indicated on Page 1. Within one month of the expiration date, the permittee must return this permit to the address listed on the upper left corner of page 1 with complete information on all activities authorized under this permit, on the attached Activity Report form.
- K. The permittee and assistants agree to provide access to data obtained under authority of this permit upon request of the Division of Aquatic Resources, and to provide to the Division a copy of each report, published for distribution, prepared with data obtained under this permit. The permittee agrees to provide the Division of Aquatic Resources access to organisms obtained and held under this permit for on-site inspection.
- L. The permittee agrees to notify the island office of the Division of Conservation and Resources Enforcement at least 24 hours prior to any authorized activity being conducted in the field. Please provide the permittee name, the permit number, the date, time, and location of the planned activity, and contact information.

M. A violation of any terms or condition of this permit or any violation of State law not covered by this permit may result in revocation of the permit and other penalties as provided by law. In addition, the Department may consider any such violation as grounds for denying any future application for this or any other permit issued by the Department.

II. SPECIAL CONDITIONS

- A. This permit authorizes the removal of the listed marine algae species on table 1, page 1 to return the habitat within the Waikiki marine life conservation district to a more natural balance. Any other native marine algae collected will be sorted and returned to the water.
- B. The algae will be removed by hand.
- C. The removed algae will be composted.
- D. The primary permittee and designated assistants are required to obtain permission before entering upon lands or waters not under the jurisdiction of the Department.
- E. This permit does not by implication authorize the primary permittee or any designated assistant to engage in any other activity that is in violation of any other State, Federal or County law, regulation or ordinance.

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LAURA H. THIELEN, Chairperson  
Department of Land and Natural Resources

cc: (x) DOCARE

SIGNATURES AND AGREEMENT

By my signature below, I acknowledge receipt and understanding of the general and special conditions of this Special Activity Permit. Further, I agree to abide by all of these conditions when conducting activities authorized by this permit.

PRINCIPAL PERMITTEES: Cynthia  
Dr. Celia Smith

DESIGNATED ASSISTANTS:

Signature: David Spafford Signature: Sara Vasconcellos  
Print Name: David Spafford Print Name: Sara Vasconcellos

Signature: Cheryl Squair Signature: \_\_\_\_\_  
Print Name: Cheryl Squair Print Name: \_\_\_\_\_

Signature: Katherine Gillison Signature: \_\_\_\_\_  
Print Name: Katherine Gillison Print Name: \_\_\_\_\_

Signature: Daniel Amato Signature: \_\_\_\_\_  
Print Name: Daniel Amato Print Name: \_\_\_\_\_

Signature: Thomas Sauvage Signature: \_\_\_\_\_  
Print Name: THOMAS SAUVAGE Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

ACTIVITY REPORT

Results of all activities performed under authority of this permit must be reported on this form (or copies) within one month after the permit expires (see first page). Use as many sheets as you need. Submit the report to the Division of Aquatic Resources at 1151 Punchbowl Street, Room 330, Honolulu, HI 96813.

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| Date | Location | Common or Scientific Name | Quantity Collected* | Disposition of Specimens |
|------|----------|---------------------------|---------------------|--------------------------|
|------|----------|---------------------------|---------------------|--------------------------|

Permittee Signatures

\_\_\_\_\_  
Printed name                      Signature                      Date

\_\_\_\_\_  
Printed name                      Signature                      Date

\*If salvaged (collected because the specimen was dead or injured already), please detail circumstances: condition (dead, or describe extent of injury), how or from whom the specimen was obtained.

ATTACHMENT FOR DESIGNATED ASSISTANTS ONLY

Primary Permittee: Dr. Celia Smith

I, being the primary permittee, hereby acknowledge the addition of the following designated assistants.

\_\_\_\_\_  
Dr. Celia Smith

\_\_\_\_\_  
Date

ADDITIONAL DESIGNATED ASSISTANTS

We, the undersigned, have read, understand, and agree to all conditions stipulated in the above Special Activity Permit.

Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name: \_\_\_\_\_