

STATE OF HAWAII DEPARTMENT OF HEALTH WASTEWATER BRANCH
REPORT FORM: ANNUAL REPORT ON RECYCLED WATER SUPPLIED FOR USE

A. GENERAL INFORMATION

Report Year:	Wastewater Reclamation Facility:	
Facility File Number:	Recycled Water Quality (eg: R-1):	Units (gal or mgal?)

B. REPORT PREPARER

Name:	Street, City & Zip Code:
Title:	Phone No.
Company:	Email Address:
Signature:	Date Prepared:

C. RECYCLED WATER SUPPLIED FOR USE

Month	Volume Used
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total	

D. REPORT SUBMITTAL

1. Due February 19 of the year following the Report Year.
2. Submit via mail, email or both.
3. Mail to: Wastewater Branch, 919 Ala Moana Blvd.#309, Honolulu, HI 96814
4. Email to: april.matsumura@doh.hawaii.gov