

STATE OF HAWAII DEPARTMENT OF HEALTH WASTERWATER BRANCH
RECYCLED WATER APPLICATION FORM: AGRICULTURAL IRRIGATION

If recycled water is to be applied over a restricted or conditional area, stop & contact the DOH.

A. APPLICANT INFORMATION

Name:	Street, City & Zip Code:
Title:	Phone Number:
Company:	Email Address:

B. PROJECT INFORMATION

Project:	Property Owner's Name:
Site Description or Address:	Property Owner's Street, City & Zip Code:
	Property Owner's Phone Number:
Project Tax Map Key:	Property Owner's Email Address:

C. WASTEWATER RECLAMATION FACILITY (WWRF) SUPPLYING RECYCLED WATER

WWRF:	Using R-1, R-2, or R-3?:
-------	--------------------------

D. IRRIGATION PLAN: Include construction plans in accordance with section M of *Vol. II: Recycled Water Projects*.

Irrigated Area (acres):	Estimated Water Use (gpd):
-------------------------	----------------------------

List crops to be grown. Crops irrigated with R-2 or R-3 may not be used for human consumption.

Irrigation Methods to be used (eg: spray, surface drip, subsurface, combination, etc.

Methods to minimize public/worker contact w/ recycled water or mist:

E. FOR R-2 ONLY: If R-2 spray irrigation is proposed, describe provisions for an adequate buffer.

STATE OF HAWAII DEPARTMENT OF HEALTH WASTERWATER BRANCH
RECYCLED WATER APPLICATION FORM: AGRICULTURAL IRRIGATION

F. RECYCLED WATER MANAGER

Name:	Street, City & Zip Code:
Title:	Phone Number:
Company:	Email Address:

G. APPLICATION PREPARER (irrigation specialist; licensed architect; licensed landscape architect; or licensed engineer.

Name:	Street, City & Zip Code:
Title:	Phone Number:
Company:	Email Address:

H. APPLICANT CERTIFICATION

I certify that the information provided is true and complete to the best of my knowledge and belief; that applicable BMPs will be implemented; and that compliance with *HAR, Chapter 11-21, Backflow Prevention Devices; Water System Standards, Volume I;* and *Owner Responsibility* (Section J of the Guidelines) will be maintained.

Name of Responsible Official:	Street, City & Zip Code:
Title:	Phone Number:
Company:	Email Address:
Signature & Date:	

I. APPLICATION SUBMITTAL

1. Submit application form via mail, email or both.
2. Submit electronic file of construction plans and provide hard copy. Include information per section M of *Vol. II: Recycled Water Projects*.
3. Mail to: Wastewater Branch, 919 Ala Moana Blvd. #309, Honolulu, HI 96814
Email to: april.matsumura@doh.hawaii.gov