

STATE OF HAWAII DEPARTMENT OF HEALTH WASTERWATER BRANCH  
**RECYCLED WATER APPLICATION FORM: NON-IRRIGATION USE**

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. PLANNED USE - Include construction plans per section M of Vol. II: *Recycled Water Projects*.**

Describe use of recycled water:

|                         |                          |                                |
|-------------------------|--------------------------|--------------------------------|
| Average Daily Use (gpd) | Maximum Daily Use (gpd): | Maximum Annual Use (gal/year): |
|-------------------------|--------------------------|--------------------------------|

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

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**E. RECYCLED WATER MANAGER**

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

**F. APPLICATION PREPARER**

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

**G. 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:

**H. 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](mailto:april.matsumura@doh.hawaii.gov)