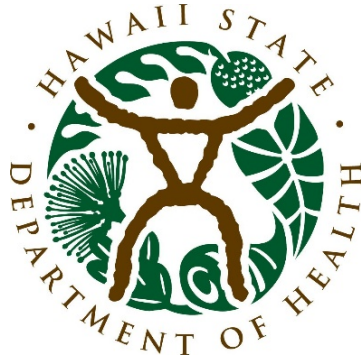


# Integrated Report Call for Data Data Submission Form



Data submitted to HIDOH Clean Water Branch for the purpose of assessing state water quality may be used to fulfill certain federal Clean Water Act requirements (§303(c), §303(d); 305(b)). Decisions and conclusions resulting from the data submitted to CWB can have broad and long standing implications to the state water quality program. It is therefore imperative that only data of acceptable quality be used to assess waters for compliance with state water quality standards. Please ensure data being submitted meets the minimum requirements as put forth by the data submittal requirements available at <https://health.hawaii.gov/cwb/files/2024/01/Data-Acceptance-Criteria-revised-010824-FINAL.pdf> before completing this form.

Submitted By:

Signature:

Date Signed:

All fields in red are required

|   |   |
|---|---|
| <b>Submitter Contact Information</b>  | Name:<br><br>Work Number:<br><br>Mobile Number:<br><br>E-mail:<br><br>Street<br><br>City                                      Zip Code                                      State or Island |
| Organization Contact Information<br>(If same as above, leave blank)   | Name:<br><br>Phone Number:<br><br>E-mail:<br><br>Street<br><br>City                                      Zip Code                                      State or Island                      |
| <b>Quality Assurance Project Plan/<br/>Quality Assurance Quality<br/>Control Documents</b><br>Please attach if applicable | Yes<br><br>No   |
| <b>Date of Submittal</b>  |   |
| GIS Data<br>If submitting GIS data, please<br>include complete metadata for all<br>files                                  | Yes<br><br>No<br><br>If so, what format (mxd, ArcView, etc.):   |

|  |  |   |  |
|--|--|---|--|
| <p>Start/End Date(s) of Data Collection</p>                        | <p>Start Date:</p><br><p>End Date:</p>   |   |  |
| <p>HAR 11-54 Water Quality Criteria<br/>(Check all that apply)</p> | <p>Inland Wet</p><br><p>Embayment Wet</p><br><p>Coastal Wet</p>  | <p>Inland Dry</p><br><p>Embayment Dry</p><br><p>Coastal Dry</p> |  |
| <p>List of Parameters Assessed<br/>(Check all that apply)</p>      | <p><b>Bacterial:</b> Enterococci      <i>Clostridium perfringens</i></p><br><p><b>Chemical:</b></p> <p>Total N                      Total P                      Chlorophyll <math>\alpha</math>                      NO<sub>3</sub>+NO<sub>4</sub></p><br><p>pH              Dissolved O<sub>2</sub>                                      NH<sub>4</sub>                      Salinity</p> <p><b>Physical:</b></p> <p>Total Suspended Solids                                      Temperature                      Turbidity</p> <p><b>Other:</b></p> |   |  |
| <p>Summary of Submittal</p>  |  |   |  |