

STATE OF HAWAII DEPARTMENT OF HEALTH WASTEWATER BRANCH
ANNUAL REPORT ON RECYCLED WATER

A. GENERAL INFORMATION

Report Year: _____

Wastewater Reclamation Facility: _____

Recycled Water Quality: R-1 R-2 R-3

Volume Units: gal mgal

B. REPORT PREPARER

Name: _____

Title: _____

Company: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

C. RECYCLED WATER VOLUMES

Month	Supplied for Use	Disposed Of
Jan	_____	_____
Feb	_____	_____
Mar	_____	_____
Apr	_____	_____
May	_____	_____
Jun	_____	_____
Jul	_____	_____
Aug	_____	_____
Sep	_____	_____
Oct	_____	_____
Nov	_____	_____
Dec	_____	_____
TOTAL	_____	_____

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D. CHANGES IN RECYCLED WATER SUPPLIED FOR USE

Compare the **total volume of recycled water supplied for use** this year to last year. If there is a noticeable increase or decrease (about 8% or greater), check off the items that may have contributed to the change.

Increase due to:

Plant expansion

More customers

Dry weather

Other _____

Decrease due to:

Equipment malfunction

Fewer customers

Rainy weather

Other _____

E. SPILLS

Each recycled water spill shall be reported on the form available at:

<https://health.hawaii.gov/wastewater/home/reuse/>

F. SUBMITTAL

Due Feb. 19 of the year following the Report Year. Submit by email or mail.

Email: Sign, scan & email to april.matsumura@doh.hawaii.gov

Mail: Wastewater Branch; 2827 Waimano Home Rd. #207; Pearl City, HI 96782