STATE OF HAWAII DEPARTMENT OF HEALTH WASTERWATER BRANCH

RECYCLED WATER APPLICATION FORM: TEMPORARY R-1 USE

A. APPLICANT INFORMATION

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

C. WASTEWATER RECLAMATION FACILITY SUPPLYING R-1 RECYCLED WATER

D. R-1 USE (Select below)

- ☐ Dust control
- ☐ Temporary irrigation & erosion stabilization
- ☐ Sewer line flushing
- ☐ Sewer line pressure testing
- ☐ Other – Describe:

E. PERIOD OF USE

Start date:	End date:

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

F. FOR TEMPORARY R-1 IRRIGATION: Include plans in accordance with Reuse Guidelines, Vol. 2, Section M or attach map showing areas where R-1 to be used and names of surrounding properties, roads and structures.

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

Area Designation: Refer to Recycled Water Use Maps at https://health.hawaii.gov/wastewater/home/reuse/

◯ Unrestricted ◯ Conditional ◯ Restricted

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

G. RECYCLED WATER MANAGER (responsible for implementing best management practices)

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

H. APPLICATION PREPARER (irrigation specialist, licensed architect, landscape architect, or licensed engineer)

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

I. RESPONSIBLE OFFICIAL'S CERTIFICATION (owner's representative)

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:	Street, City, State & Zip Code:
Title:	Phone Number:
Company:	Email Address:
Signature:	Date:

J. APPLICATION SUBMITTAL

1. Submit general layout and irrigation system plans. Include information per section M of Volume 2: Recycled Water Projects, available at https://health.hawaii.gov/wastewater/files/2018/06/V2_RWProjects.pdf

2. Submit application submittal via email or mail.
   Email to: april.matsumura@doh.hawaii.gov
   Mail to: DOH Wastewater Branch, 2827 Waimano Home Rd #207, Pearl City, HI 96782