## STATE OF HAWAII DEPARTMENT OF HEALTH WASTERWATER BRANCH

## RECYCLED WATER APPLICATION FORM: CONSTRUCTION EXTENSION

A.	APPLICANT INFORMATION	
	Name:	Street, City & Zip Code:
	Title:	Phone Number:
	Company:	Email Address:
В.	PROJECT INFORMATION	
	Project:	File number :
	Site Description or Address:	
C.	CONSTRUCTION EXTENSION	
	Revised estimated start date:	
	Reason for Extension:	
D.	DESCRIBE CHANGES TO ORIGINAL APPLICATION. Attach relevant documents.	
E.	APPLICATION PREPARER:	
	Name:	Street, City & Zip Code:
	Title:	Phone Number:
	Company:	Email Address:
	Signature & Date:	

## F. APPLICATION SUBMITTAL

1. Submit application form and relevant documents via email or mail.

Email to: doh.wwb@doh.hawaii.gov

Mail to: State Of Hawaii, Waste Water Branch, 2827 Waimano Home Road #207, Pearl City, HI 96782