

STATE OF HAWAII DEPARTMENT OF HEALTH WASTERWATER BRANCH  
**RECYCLED WATER APPLICATION FORM: AGRICULTURAL IRRIGATION**

**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 (WWRF) SUPPLYING RECYCLED WATER**

WWRF:	Recycled Water Quality: <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3
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**D. IRRIGATION PLAN** Include construction plans in accordance with Reuse Guidelines, Vol. 2, Section M.

Irrigated Area (acres):	Estimated Water Use (gpd):
Area Designation: Refer to Recycled Water Use Maps at <a href="https://health.hawaii.gov/wastewater/home/reuse/">https://health.hawaii.gov/wastewater/home/reuse/</a> <input type="checkbox"/> Unrestricted <input type="checkbox"/> Conditional <input type="checkbox"/> Restricted	
List crops to be grown. Crops irrigated with R-3 may not be used for human consumption.	
Irrigation Methods to be used (eg: spray, surface drip, subsurface, combination, etc.):	
Methods to minimize public/worker contact with recycled water or mist:	

**E. FOR R-2 ONLY:** If spray irrigation of R-2 is proposed, describe provisions for an adequate buffer.

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

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

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

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

**H. 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:

**I. 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](https://health.hawaii.gov/wastewater/files/2018/06/V2_RWProjects.pdf)
2. Submit application submittal via email or mail.  
 Email to: [doh.wwb@doh.hawaii.gov](mailto:doh.wwb@doh.hawaii.gov)  
 Mail to: DOH Wastewater Branch, 2827 Waimano Home Rd #207, Pearl City, HI 96782