

STATE OF HAWAII DEPARTMENT OF HEALTH WASTERWATER BRANCH
RECYCLED WATER FORM: INFORMATION UPDATE

A. PROJECT & CONTACT

Project:	Contact's Title:
Project Street, City, State & Zip Code:	Contact's Phone Number:
Project Contact's Name:	Contact's Email address:

B. IRRIGATION SCHEDULE

Irrigation Schedule to Minimize Public Contact with Recycled Water (eg: M, W, F: 11 p.m. – 3 a.m.):

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

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

D. OTHER UPDATES

Describe any other changes:

E. 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:

F. INFORMATION UPDATE SUBMITTAL

Submit form via email or mail.

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

Mail to: DOH Wastewater Branch, 2827 Waimano Home Rd #207, Pearl City, HI 96782