

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:

B. 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