

STATE OF HAWAII DEPARTMENT OF HEALTH WASTEWATER BRANCH  
**ANNUAL REPORT ON RECYCLED WATER**

**A. GENERAL INFORMATION**

Report Year: \_\_\_\_\_

Wastewater Reclamation Facility: \_\_\_\_\_

Recycled Water Quality:                      R-1                      R-2                      R-3

Volume Units:                                      gal                      mgal

**B. REPORT PREPARER**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**C. RECYCLED WATER VOLUMES**

<b>Month</b>	<b>Supplied for Use</b>	<b>Disposed Of</b>
Jan	_____	_____
Feb	_____	_____
Mar	_____	_____
Apr	_____	_____
May	_____	_____
Jun	_____	_____
Jul	_____	_____
Aug	_____	_____
Sep	_____	_____
Oct	_____	_____
Nov	_____	_____
Dec	_____	_____
<b>TOTAL</b>	_____	_____

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**D. CHANGES IN RECYCLED WATER SUPPLIED FOR USE**

Compare the **total volume of recycled water supplied for use** this year to last year. If there is a noticeable increase or decrease (about 8% or greater), check off the items that may have contributed to the change.

**Increase due to:**

Plant expansion

More customers

Dry weather

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Decrease due to:**

Equipment malfunction

Fewer customers

Rainy weather

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. SPILLS**

Each recycled water spill shall be reported on the form available at:

<https://health.hawaii.gov/wastewater/home/reuse/>

**F. SUBMITTAL**

Due Feb. 19 of the year following the Report Year. Submit by email or mail.

Email: Sign, scan & email to [doh.wwb@doh.hawaii.gov](mailto:doh.wwb@doh.hawaii.gov)

Mail: Wastewater Branch; 2827 Waimano Home Rd. #207; Pearl City, HI 96782