

STATE OF HAWAII DEPARTMENT OF HEALTH WASTERWATER BRANCH
RECYCLED WATER APPLICATION FORM: GENERAL 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
-------	---

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 https://health.hawaii.gov/wastewater/home/reuse/	
<input type="checkbox"/> Unrestricted <input type="checkbox"/> Conditional <input type="checkbox"/> Restricted	
Irrigation Schedule to Minimize Public Contact with Recycled Water (eg: M, W, F: 11 p.m. – 3 a.m.):	
Irrigation Methods to be used (eg: spray, surface drip, subsurface, combination, etc.):	
Methods to minimize public/worker contact with recycled water or mist:	

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

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

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
2. Submit application submittal 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