

STATE OF HAWAII DEPARTMENT OF HEALTH WASTEWATER BRANCH
RECYCLED WATER SPILL REPORT

Wastewater Reclamation Facility _____

Spill Location _____

Date of Spill _____

Time Spill Began _____

Time Spill Ended _____

Duration (hours, minutes) _____

Spill Volume (gallons) _____

Cause of Spill _____

Public exposure or contact with spill? Yes No

Are recycled water components purple or labeled? Yes No

Are warning signs posted per Reuse Guidelines, Vol. 2, sec. I? Yes No

Is there a recycled water manager to implement BMPs? Yes No

Corrective & Preventive Action _____

Date/Time Action Completed _____