

**FORM RW-1  
COUNTY OF MAUI  
APPLICATION FOR RECYCLED WATER SERVICE**

**CONTACT INFORMATION:**

Project Name: \_\_\_\_\_  
Project Street Address: \_\_\_\_\_ Project TMK: \_\_\_\_\_  
Project City, State, Zipcode: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone (Work): \_\_\_\_\_  
Relationship to Property: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ email: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_

Recycled Water Supervisor: \_\_\_\_\_ 24 hr. Phone (Cell): \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone (Work): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ email: \_\_\_\_\_  
Attn: \_\_\_\_\_

**PROJECT INFORMATION:**

Service Type: \_\_\_\_\_ Desired Start Date: \_\_\_\_\_  
Recycled Water Type: \_\_\_\_\_ System Type: \_\_\_\_\_

Proposed Recycled Water Uses: \_\_\_\_\_  
Proposed Non-irrigation Uses: \_\_\_\_\_

Brief Description of Use:

Types of Plant Material:

Estimated Daily Demand (gal/day): \_\_\_\_\_ Maximum Flow (GPM): \_\_\_\_\_  
Estimated Annual Demand (gallons): \_\_\_\_\_ Minimum pressure (psi): \_\_\_\_\_  
Total Irrigated Area (acres): \_\_\_\_\_ Total Site Area (acres): \_\_\_\_\_  
Proposed Use Days: \_\_\_\_\_ Proposed Use Hours: \_\_\_\_\_  
Number of Meters: \_\_\_\_\_ Meter Size: \_\_\_\_\_

Additional Information to be considered:

**A. Items to be submitted with this initial application:**

Map (or maps) of the site that show the following:

- 1) Exact boundaries (azimuth and distance) of the parcel and the proposed use area
- 2) Boundaries of the wetted areas and types of use (e.g. spray irrigation, drip system, dust control etc.)
- 3) Names or labels of all structures, roads, use areas (e.g. park area, parking lot, etc.)
- 4) Indicate any access restrictions to use areas (e.g. residents only, storage area - no public access, etc.)
- 5) Indicate proposed connection point to existing County of Maui recycled water system (if known)

**B. Items to be submitted for construction review and approval:**

- 1) Construction plans and specifications
- 2) Water demand calculations supporting estimated usage and requested meter size
- 3) Revised/signed Form RW-1
- 4) Completed State Department of Health (DOH) Application(s) for review

**C. After County of Maui Wastewater Reclamation Division (COM) construction plan approval:**

- 1) Submit to State of Hawaii Department of Health (DOH) for approval
- 2) Obtain DOH approval letter and submit to County of Maui
- 3) Obtain any other required approvals (SMA, Work in County Highway etc.)
- 4) Arrange Backflow Prevention Inspection by Department of Water Supply (submit to WWRD)
- 5) Conduct Cross Connection inspection by private entity (if desired/required)
- 6) Initiate Pre-construction meeting
- 7) County will conduct progress inspections
- 8) Schedule Final and Cross-Connection Inspections (COM/DOH/Contractor/Owner)
- 9) Pay Connection Fee
- 10) Obtain final approval letters from COM and DOH
- 11) Submit as-built plans to County (hardcopy and.pdf) and DOH (.pdf)
- 12) County conducts staff training
- 13) Owner signs *Form R-3 Permit for Recycled Water Service and returns to County*
- 14) County Issues Use Permit

**User Agreement:**

I, the user, have read and understand the County’s Rules and Regulations for Recycled Water Service and the State of Hawaii Reuse Guidelines Vol. I and II (January 2016) and agree to restrict recycled water use for the purposes described in this application. I agree to use recycled water in accordance with these Rules and Regulations and all other applicable documents. I understand the recycled water may not be compatible with certain types of vegetation because of its chemical composition. I agree that the County has provided estimates of chemical quality requested and that the County will not be liable for damages that may occur to vegetation or for damages which may occur due to uses of recycled water for purposes not included in this application.

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

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

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