

**STATE OF HAWAII  
DEPARTMENT OF HEALTH  
SOLID WASTE SECTION**

**Solid Waste Disclosure Form for Construction Sites**

The following form shall be filled out for construction projects either identified as under 40 CFR 122.26(b)(14)(x) or produces (or will produce) dredged spoils. A response must be provided for each item. If an item is not relevant to the activity, indicate by "Not Applicable" (N/A), with a short comment.

This form helps the Department of Health, Solid Waste Section (SWS) to identify sources of construction/demolition waste and site clearing debris. Property owners, developers, operators and contractors are responsible for ensuring the proper disposal of such solid waste. Violators of Chapter 11-58.1, HAR, "Solid Waste Management Control," are subject to enforcement, corrective actions, and fines.

Mail completed forms to the Department of Health, Solid Waste Section, 2827 Waimano Home Road, Pearl City, Hawaii 96782. Any questions regarding this form should call (808) 586-4226.

**I. Site Information**

- A. Site Address:\_\_\_\_\_
- B. Name of Owner:\_\_\_\_\_
- C. Owner address:\_\_\_\_\_
- D. Owner phone number:\_\_\_\_\_
- E. Tax Map Key (TMK):\_\_\_\_\_
- F. Size of Site (acres):\_\_\_\_\_

**II. County Permit Information**

- A. Issuing County Agency:\_\_\_\_\_
- B. Grading permit no.:\_\_\_\_\_
- C. Demolition permit no.:\_\_\_\_\_
- D. Grubbing/Stockpiling permit no.:\_\_\_\_\_

**III. Site Activity Information**

- A. State the kinds of site clearing activities to be completed. State final use of site:\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. Describe structures on site (if none, indicate N/A):  
\_\_\_\_\_  
\_\_\_\_\_

If structures exist, are they to be demolished or removed?  
\_\_\_\_yes \_\_\_\_no. If yes, submit copy of building  
assessment.

#### IV. Contractor Information

A. General Contractor: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

B. Site Clearing/Demolition Contractor: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

C. Hauling Contractor: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

D. Asbestos/Lead Abatement Contractor: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

E. Destination of Waste Materials:

1. Building demolition materials:

To landfill (name): \_\_\_\_\_

☐ concrete (specify) \_\_\_\_\_

☐ scrap metal (specify) \_\_\_\_\_

☐ non-ferrous metals (specify) \_\_\_\_\_

☐ roofing materials (specify) \_\_\_\_\_

☐ other (specify) \_\_\_\_\_

To permitted recycling facility (name): \_\_\_\_\_

☐ concrete (specify) \_\_\_\_\_

☐ green waste (specify) \_\_\_\_\_

☐ non-ferrous metals (specify) \_\_\_\_\_

☐ scrap metal (specify) \_\_\_\_\_

☐ other (specify) \_\_\_\_\_

For re-use. State what wastes are to be reused and where: \_\_\_\_\_

2. Dredged spoils:

To landfill (name): \_\_\_\_\_

To permitted recycling facility (name): \_\_\_\_\_

For re-use (list address and TMK No.): \_\_\_\_\_

I declare that I have read and examined the foregoing summary and that the facts stated in it are true.

Sign Here: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

NOTE: The person who completed this form must be a representative of either the owner or contractor. Furthermore, if the destination of waste material(s) change or will change, then the owner, contractor or the representative of the owner or contractor shall submit a revised Solid Waste Disclosure Form with updated information to the Department of Health, Solid Waste Section, 2827 Waimano Home Road, Pearl City, Hawaii 96782.