

**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, P.O. Box 3378, Honolulu, Hawaii 96801-3378. 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, P.O. Box 3378, Honolulu, Hawaii 96801-3378.