

(Rev Sept 07/01)

**SAFE DRINKING WATER BRANCH
HAWAII DEPARTMENT OF HEALTH**

EXEMPT PROJECT CERTIFICATION

(To be completed by the Applicant if applicable)

PROJECT NAME: _____

PROJECT NUMBER: _____
(Applicant) (State)

=====
Exemption List information as reviewed and concurred upon by the
Environmental Council:

Exemption List for: _____
(County)

Exemption List date: _____
(Date)

Exemption Class No.:(Number and Description)

Specific Class Item No.: (Number and Description)

Brief description of the project:

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CERTIFICATION: (Applicant certifies that is has conducted a
current assessment if the environmental impacts of the proposed
project, and has determined that the project is consistent with
the Exemption Class as noted above.)

Signature

Title

Date