

SEPTIC OR CESSPOOL DETERMINATION

REQUEST FOR PUBLIC RECORD

DISCLAIMER REGARDING PUBLIC RECORDS REQUESTED

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CESSPOOL INFORMATION (X)

SEPTIC SYSTEM INFORMATION (X)

TO:

DIRECTOR OF HEALTH

Department of Health

1582 Kamehameha Avenue

Hilo, HI 96720

Attn: Wastewater Branch

Phone: 933-0401

Fax: 933-0400

The following Department of Health record is hereby requested

TMK ZONE 1 TO 4 ONLY

1. Lot size: _____

2. a. Existing dwelling:

() Yes Or

() No

b. If yes, number of bedrooms: _____

TMK (3), _____ = _____ = _____ ' _____

Name of Requestor _____

Date _____

Company/Organization

Local Hawaii Real Estate

Address

260 Kamehameha Ave, Suite 214, Hilo, HI 96720

Phone 935-4633

Fax 443-0500

ANSWER

_____ Cesspool allowed

_____ Require septic system

_____ Within 1,000' of public water source, requires aerobic system

_____ No cesspool information on file.

_____ Cesspool information incomplete.

_____ Cesspool design approved on _____ but no inspection.

_____ Cesspool approved for use on _____

_____ No septic system information on file.

_____ Septic system design approved on _____ ,but no inspection.

_____ Septic system inspected but not approved.

_____ Septic system approved for use on _____ ,for _____ bedrooms.

_____ Other _____

For Deputy Director of Environmental Health

Date _____