

SEPTIC OR CESSPOOL DETERMINATION

REQUEST FOR PUBLIC RECORD

DISCLAIMER REGARDING PUBLIC RECORDS REQUESTED

All of the information on this form was summarized from the public records at the Health Department. Users must understand the information may change periodically. Users should not rely on this information as legal documentation. No warranties, expressed or implied, are provided for the data herein its use or its interpretation.

CESSPOOL INFORMATION (X)

SEPTIC SYSTEM INFORMATION (X)

TO:

RFI - group 2

"wwbkona" <wwbkona@doh.hawaii.gov>

The following Department of Health record is hereby requested

TMK ZONE 5 TO 9 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 _____