LINDA LINGLE
GOVERNOR OF HAWAII

CHIYOME LEINAALA FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. BOX 3378
HONOLULU, HAWAII 96801

In reply, please refer to:
EMD / WB

REQUEST FOR KAUAI CESSPOOL/SEPTIC TANK PUBLIC RECORD

To: Department of Health-Wastewater Branch
Kauai District Health Office
3040 Umi Street
Lihue, Kauai, Hawaii 96766

Ph. (808) 241-3323
Fax (808) 241-3566

Attn: Ms. Lori Vetter / Ms. Vanessa Cummings

The following Department of Health record is hereby requested
Identify or describe character of record: Tax Map Key Number/Address Required

TMK: (4) _____ - _____ - _____ : _____
Island Zone Sec Plat Parcel(s)

Address (if applicable): _____

[ ] Cesspool Survey Card Information/Copy

[ ] Septic Tank System Approval, Site Plan and # of Bedrooms designed for

[ ] Cesspool or Septic Tank use requirement

[ ] Other Information (Specify) Please Print _____

_____

_____ _____
Name of Requestor or Duly Authorized Agent Company/Organization

_____ _____
Signature Date Address

_____ _____
Phone Fax City, State Zip Code

Email Address: _____

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* * For Department Use Only * *

[ ] No Cesspool Survey Card

[ ] No Septic Tank Information

[ ] See Attached Information

_____
Wastewater Branch Agent

_____
Date