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 OAHU CESSPOOL/SEPTIC TANK PUBLIC RECORD

To: Department of Health-Wastewater Branch
919 Ala Moana Blvd. Room 309
Honolulu, Hawaii 96814
Attn: Planning/Design Section

Ph (808) 586-4294
Fax (808) 586-4300

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

TMK: (1) ____ - ____ - ____ : ____ (Island 1 = Oahu)
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: _____

_____

_____ _____
Please PRINT Name of Requestor (or Agent) Company/Organization

_____ _____
Signature Date Address

_____ _____
Phone Fax City, State Zip Code

Email Address: _____

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* * For Department Use Only * *
List or Describe Records Reviewed/Copied by Above

[ ] No Cesspool Survey Card

[ ] No Septic Tank Information

[ ] See Attached Information

_____
Wastewater Branch Agent

_____
Date