

REQUEST FOR 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: (___) ___ - ___ - ___ : _____ (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

List or Describe Records Reviewed/Copied by Above

No Cesspool Survey Card

Wastewater Branch Agent

No Septic Tank Information

See Attached Information

Date