



**STATE OF HAWAII
DEPARTMENT OF HEALTH**

P.O. BOX 3378
HONOLULU, HAWAII 96801

In reply, please refer to:
EMD / WB

REQUEST FOR HILO CESSPOOL/SEPTIC TANK PUBLIC RECORD

To: Department of Health-Wastewater Branch
Hilo District Health Office
Attn: Jerry Nunogawa / Ms. Lisa Pearring
Ph (808) 933-0401
Fax (808) 933-0400

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

TMK: (3) _____ - _____ - _____ : _____ (Hilo - TMK Zones 1 to 4 only)
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: _____

** For Department Use Only **

- No Cesspool Survey Card _____
Wastewater Branch Agent
- No Septic Tank Information
- See Attached Information _____
Date