



**STATE OF HAWAII
DEPARTMENT OF HEALTH**

P.O. BOX 3378
HONOLULU, HAWAII 96801

In reply, please refer to:
EMD / WB

REQUEST FOR KONA CESSPOOL/SEPTIC TANK PUBLIC RECORD

To: Department of Health-Wastewater Branch	Ph. (808) 322-1507
Kealakehe Health Center (mailing address)	Fax (808) 322-1511
81-980 Halekii Street Suite 103	Keakealani Bldg. (actual location)
Kealakekua, Hawaii 96750	79-1020 Haukapila Street
Attn: Mr. Dane Hiromasa / Ms. Anna Arratia	Kealakekua, Hawaii 96750

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

TMK: (3) _____ - _____ - _____ : _____ **(Kona - TMK Zones 5 to 9 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