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 MAUI CESSPOOL/SEPTIC TANK PUBLIC RECORD

To: Department of Health-Wastewater Branch
Maui District Health Office
54 High Street
Wailuku, Maui Hawaii 96793
Attn: Mr. Roland Tejano / Ms. Sheree Llego

Ph (808) 984-8232
Fax (808) 984-8237

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

TMK: (2) _____ - _____ - ______ : ____________________
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

[ ] No Septic Tank Information

[ ] See Attached Information

______________________________ Wastewater Branch Agent

______________________________ Date

2009 Maui request form.wpd 5-262009