

REQUEST FOR PUBLIC RECORD

TO: DIRECTOR OF HEALTH
Department of Health
1582 Kamehameha Avenue
Hilo, HI 96720
ATTN: Wastewater Branch

Phone: 933-0401
Fax: 933-0400

The following Department of Health record is hereby requested:

TMKZONE1 TO4 ONLY TMK (3) - _____

CESSPOOL INFORMATION

SEPTIC SYSTEM INFORMATION

Name of Requestor

Signature

Date

Company/Organization

Address

Phone

Fax

DISCLAIMER REGARDING PUBLIC RECORDS REOUESTED

All of the information on this form was summarized from the public records kept at the Health Department. Users must understand the information may change periodically. Users should not rely on this information as legal documentation. No warranties, expressed or implied, are provided for the data herein, "its use or its interpretation.

For Department Use Only

No cesspool information on file.

Cesspool information incomplete.

Cesspool design approved on _____ but no inspection.

Cesspool approved for use on _____

No septic system information on file.

Septic system design approved on _____ but no inspection.

Septic system inspected but not approved.

Septic system approved for use on _____ for _____ bedrooms.

Other _____

For Deputy Director of Environmental Health

Date. _____