

REQUEST FOR PUBLIC RECORD

To: DIRECTOR OF HEALTH
Department of Health
1582 Kamehameha Avenue
Hilo, HI 96750
ATTN: Wastewater Branch

Phone: 933-0401
Fax: 933-0400

Please include card
if available.
Thank you.

The following Department of Health record is hereby requested.

TMK ZONE 1 TO 4 ONLY

TMK(3) _____ - _____ - _____ :

CESSPOOL INFORMATION

SEPTIC SYSTEM INFORMATION

John Petrella

Name of Requestor



Signature

Date

Local Hawaii Real Estate

Company/Organization

166 Kilauea Avenue

Address

935-4633

Phone

443-0500

Fax



DISCLAIMER REGARDING PUBLIC RECORDS REQUESTED

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 for Environmental Health

Date _____