REQUEST FOR CESSPOOL/SEPTIC TANK PUBLIC RECORD

To: Department of Health
Kealakekua Health Center (mailing address)
81-980 Halekii Street Suite 103
Kealakekua, Hawaii 96750
Attn: Wastewater Branch

Ph. (808) 322-1507
Fax (808) 322-1511
Keakealani Bldg. (actual location)
79-1020 Haukapila Street Rm 113
Kealakekua, Hawaii 96750

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

Big Island: TMK Zone 5 to 9 only **TMK: (3)** ____ - ____ - ____ : ____ **Parcel size** _____ acres
Island 3 = Hawaii **Island Zone Sec Plat Parcel**

☐ **CESSPOOL INFORMATION** ☐ **SEPTIC SYSTEM INFORMATION**

☐ **OTHER INFORMATION (SPECIFY)** ☐ **CESSPOOL OR SEPTIC USE REQUIREMENT**

John Petrella / Agent Name — John Petrella — 08/16/2010
Name of Requestor **Signature** **Date**

Local Hawaii Real Estate — 935 - 4633 — 443 - 0500
Company/Organization **Phone** **Fax**

For Department Use Only

__ **NO CESSPOOL INFORMATION ON FILE**
__ **CESSPOOL INFORMATION INCOMPLETE**
__ **CESSPOOL DESIGN APPORVED ON** _____
BUT NO INSPECTION
__ **CESSPOOL INFORMATION APPROVED ON** _____

__ **NO SEPTIC SYSTEM INFORMATION ON FILE**
__ **SEPTIC SYSTEM NOT INSPECTED**
__ **SEPTIC SYSTEM NOT APPROVED (SEE ATTACHED LETTER)**
__ **SPETIC SYSTEM APPROVED ON** _____ **FOR** _____ **BEDROOMS**
__ **OTHER:**_____

NOTE:
All sketches are made From existing records Only – actual condition may differ. Suect/ distance/orientation will be indicated if available – some records are incomplete
FOR REFERENCE ONLY – VERIFY IN FIELD
NOT TO SCALE

_____
Wastewater Branch Agent