

Department of Health - Wastewater Branch
Individual Wastewater System (IWS) - Construction Inspection Report
Please Print or Type

Inspector's Name: _____ Date of Inspection: ____/____/____

TMK: () _____ Permit I.D. #: (IWS File #) _____

Project Name: _____

Site Address: _____ General Area: _____

Contractor: _____ License #: _____

License type: **(Circle one only, No Others)** A, C-9, C-37, C-37a, C-43

Technical Information:

Grease Interceptor (if applicable): Make / Model: _____ Size: _____

Septic Tank / Aerobic Unit (circle one): Make / Model: _____ Size: _____

For Aerobic Unit a copy of executed service contract must be included.

Disposal System: (Check One)

Trenches / Bed (circle one):

_____ # of Trenches / Bed: _____ Length: _____ Width: _____

Gravel & Lining verified: Yes / No (circle one)

Soil Replacement: Yes / No (circle one)

_____ Seepage Pit:

Diameter: _____ Depth: _____ Pit Lining Type: _____

If not lined, attach justification

House Construction: (Circle One) Completed / Partial / Staked

Setback Distance (shortest) between IWS and the Followings are measured in feet and recorded on as-built.
At least three (3) distinct points must be referenced:

Buildings: _____ Property Line: _____ Stream: _____

Ocean at Vegetation line: _____ Wells: _____
(If Applicable)

Item Verified:

Yes / No / NA

Manhole / Inspection Ports to Grade _____

Three (3) Feet of Suitable Soil Below Trench / Bed _____

Soil Profile Observation at a Minimum Depth of Five (5) Feet _____

(If you answer **NO** to the question above, please attach a site evaluation / percolation test form showing the soil profile observation at a minimum depth of five (5) feet.)

- Abandoning Existing Cesspool:** (Check One) Yes / No
- For Large Capacity Cesspool (Less Than 1000 gpd)
(Please submit LCC Backfilling Completion Form) Yes / No
- For Regular Cesspool, Filled, Abandoned or Render it Safe: Yes / No
- For Conversion to a Seepage, Pumped & Cleaned: Yes / No

List of Changes Made to Approved IWS Plans: _____

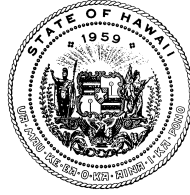
As the engineer performing the above final IWS inspection, check one of the following statement:

- _____ The IWS has been installed in strict accordance with the plans that were submitted and approved of by the Department of Health.
- _____ Noted deficiencies and / or changes to the approved plans have been addressed by the homeowner, contractor, and myself and the final as built IWS is acceptable to me.
- _____ Final construction of the IWS cannot be completed for the following reasons:

- _____ Construction of the IWS is not in accordance with the approved plans and I do not accept the changes made to the plans designed by me.

_____ Signature, Stamp _____ Date

Enclosures: As-Built Plans, Stamped and Signed by Engineer Photographs of Treatment Unit, Disposal System, Overview of IWS, Contractor Certification Form



**DEPARTMENT OF HEALTH - WASTEWATER BRANCH
INDIVIDUAL WASTEWATER SYSTEM (IWS)
CONTRACTOR CERTIFICATION FORM**

Subject: Individual Wastewater System for: _____

Tax Map Key (TMK) Number: (____) ____ - ____ - ____ : _____

Address if applicable: _____

11-62-08 (g): All wastewater systems shall be constructed or modified by a person meeting the requirements of chapter 444, HRS, and any pertinent rules adopted by the Department of Commerce and Consumer Affairs, State of Hawaii.

I, _____, the owner of the subject system, have read the above
(please print name)
and understand that my wastewater system must be constructed or expanded by a licensed contractor meeting the above requirements.

License type: (Circle one only, No Others) A, C-9, C-37, C-37a, C-43

The following person has constructed or expanded my wastewater system:

Name of Contractor / Company (print):

Contractor's Signature: _____ Date: _____

License Number: _____

Homeowner's Name (print): _____

Homeowner's Signature: _____ Date: _____