

DEPARTMENT OF HEALTH - WASTEWATER BRANCH
INDIVIDUAL WASTEWATER SYSTEM (IWS)
APPLICATION INFORMATION SHEET
Please Print or Type

Engineer: _____

Owner: _____

Owner's Mailing Address: _____

Project Location: _____
(Street Address, Subdivision Name and General Area):

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

Lot Size: _____ Zoning: _____

Projected Flow or Number of Bedrooms: _____

Proposed Treatment Unit (Manufacturer, Model, Design Capacity):

Proposed Disposal System: _____

Percolation Rate: _____ min/in

Existing IWS on lot: NO YES Type: _____

Existing structure on lot. NO YES Type: _____

LCC upgrade? NO YES

Existing potable drinking water well within 1,000 ft of the proposed disposal system? NO YES

Would the construction and/or discharges from the proposed IWS affect any public trust or Native Hawaiian resources or the exercise of traditional cultural practices in the vicinity? NO YES

If yes, indicate what feasible action can be taken to protect those resources or exercise of practices. Please provide your response on a separate sheet of paper.

FOR DEPARTMENT USE ONLY:

Date Received: _____ Project Engineer: _____ File No. _____

Notes: _____