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: _______________________________________________________________________

Revised 3/11/14