

DAVID Y. IGE
GOVERNOR OF HAWAII



VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

REQUEST FOR KAUAI CESSPOOL or SEPTIC TANK PUBLIC RECORD

To: Department of Health, Wastewater Branch Ph (808) 241-3321
Kauai District Health Office Fax (808) 241-3566
3040 Umi Street
Lihue, Kauai, Hawaii 96766
Attn: Ms. Lori Vetter

The following Department of Health record is hereby requested.
Identify or describe character of record: Tax Map Key (TMK) number and/or Address Required

TMK (4) _____ : _____
Island Zone Sec Plat Parcel(s)

Address (if available) _____

- Cesspool Survey Card Information/Copy
- Septic Tank System Approval, Site Plan and # of Bedrooms designed for
- Cesspool or Septic Tank Use Requirement
- Other Information (Specify) – Please Print _____

Please Print Name of Requestor or Agent Signature Date

Company / Organization, Address, City, State, Zip Code

Phone Fax Email Address

* * For Department Use Only * *

- No Cesspool Survey Card
 - No Septic Tank Information or File
 - See Attached Information
- _____
Wastewater Branch agent
- _____
Date

FEES FOR PROCESSING RECORD REQUESTS

You may be charged fees for the services that the agency must perform when processing your record request, including fees for making photocopies and other lawful fees. **The first \$30 of fees charged for searching for a record, reviewing, and segregating will not be charged to you. Any amount over \$30 will be charged to you.** Fees are as follows:

Search for a Record	\$2.50 for 15 minutes
Review and Segregation of a Record	\$5.00 for 15 minutes

WAIVER OF FEES IN THE PUBLIC INTEREST

Up to \$60 of fees for searching for, segregating and reviewing records may be waived when the waiver would serve the public interest as described in section 2-71-32, Hawaii Administrative Rules. If you wish to apply for a waiver of fees in the public interest, you must attach to this request a statement of facts, including your identity as the requester, to show how the waiver of fees would serve the public interest. The criteria for this waiver, found at section 2-71-32, Hawaii Administrative Rules, are:

- (1) The requested record pertains to the operations or activities of an agency;
- (2) The record is not readily available in the public domain; and
- (3) The requester has the primary intention and the actual ability to widely disseminate information from the government record to the public at large.

AGENCY RESPONSE TO YOUR REQUEST FOR ACCESS

The agency to which you addressed your request must respond within a set time period. The agency will normally respond to you within 10 business days from the date it receives your request; however, in ***extenuating circumstances*** the agency must respond within 20 business days from the date of your request. If you have questions about the response time, you may contact the agency's UIPA contact person. If you are not satisfied with the agency's response, you may call the Office of Information Practices at 808-586-1400.

REQUESTER'S RESPONSIBILITIES

You have certain responsibilities under §2-71-16, Hawaii Administrative Rules. You may obtain a copy of these rules from the Lieutenant Governor's Office or from the Office of Information Practices. These responsibilities include making arrangements to inspect and copy records, providing further clarification or description of the requested record as instructed by the agency's notice, and making a prepayment of fees, if assessed.