



**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: \_\_\_\_\_