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): __________________________________________

________________________________________ Date: _____________________________
Contractor’s Signature: ______________________________________________________

License Number: ___________________________________________________________

Homeowner’s Name (print): __________________________________________________

Homeowner’s Signature: __________________________________________________________________________ Date: __________