EXISTING CESSION POOL INFORMATION FORM
WASTEWATER BRANCH - STATE OF HAWAII

TMK: ____________________________  Lot No.______________  IWS Permit No.______________
Property Owner: ____________________________________  Number of Bedrooms:____
Project Address: ____________________________________  City:_______________________
Engineer:__________________________________________  Contractor:____________________
Distance from Building (ft)__________________________  Distance from Property Line (ft)________
Cesspool Diameter (ft)_______  Cesspool Cover Diameter (ft)_______  Cesspool Depth (ft)_______
(Note: Cesspool Depth shall be measured from inlet piping to the bottom of the cesspool.)
Access Provided for Cesspool: (Please Circle One):  Yes   No   Size of Access Opening (in)__________
6” Inspection Port w/ Cap to Grade (Please Circle One):  Yes   No   N/A
Type of Lining:________________________  Distance from Finished Ground to Top of Cover (ft):_______
Water in Cesspool (Please Circle One):  Yes   No
If water in cesspool, distance from inlet piping to water level in cesspool (ft):____________________
Date Inspected by Engineer/Contractor:____________________

As the engineer/contractor performing the inspection, I submit the above information and the plot plan as
drawn below. I also submit that the existing cesspool is functioning, has not been pumped within the last
twelve months, and does not discharge directly into the groundwater.

License Number:________
Engineer’s/Contractor’s Signature ____________________________  Date:____________________

PLEASE ATTACH A PHOTO OF THE TOP OF THE CESSPOOL WITH THE COVER REMOVED
PROVIDE PLOT PLAN IN SPACE PROVIDED BELOW: