

**Department of Health - Wastewater Branch**  
Individual Wastewater System (IWS) - Construction Inspection Report  
*Please Print or Type*

Inspector's Name: \_\_\_\_\_ Date of Inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_

TMK: ( ) \_\_\_\_\_ Permit I.D. #: (IWS File #) \_\_\_\_\_

Project Name: \_\_\_\_\_

Site Address: \_\_\_\_\_ General Area: \_\_\_\_\_

Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

License type: **(Circle one only, No Others)** A, C-9, C-37, C-37a, C-43

Technical Information:

**Grease Interceptor (if applicable):** Make / Model: \_\_\_\_\_ Size: \_\_\_\_\_

**Septic Tank / Aerobic Unit (circle one):** Make / Model: \_\_\_\_\_ Size: \_\_\_\_\_

*For Aerobic Unit a copy of executed service contract must be included.*

**Disposal System: (Check One)**

Trenches / Bed (circle one):

\_\_\_\_\_ # of Trenches / Bed: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_

Gravel & Lining verified: Yes / No (circle one)

Soil Replacement: Yes / No (circle one)

\_\_\_\_\_ Seepage Pit:

Diameter: \_\_\_\_\_ Depth: \_\_\_\_\_ Pit Lining Type: \_\_\_\_\_

Setback Distance (shortest) between IWS and the Followings are measured in feet and recorded on as-built.  
At least three (3) distinct points must be referenced:

Buildings: \_\_\_\_\_ Property Line: \_\_\_\_\_ Stream: \_\_\_\_\_

Ocean at Vegetation line: \_\_\_\_\_ Wells: \_\_\_\_\_  
(If Applicable)

**Item Verified:**

**Yes / No / NA**

Manhole / Inspection Ports to Grade ..... \_\_\_\_\_

Three (3) Feet of Suitable Soil Below Trench / Bed ..... \_\_\_\_\_

Soil Profile Observation at a Minimum Depth of Five (5) Feet ..... \_\_\_\_\_

(If you answer **NO** to the question above, please attach a site evaluation / percolation test form showing the soil profile observation at a minimum depth of five (5) feet.)

<b>Abandoning Existing Cesspool:</b> (Check One)	Yes / No
For Large Capacity Cesspool (Less Than 1000 gpd) (Please submit LCC Backfilling Completion Form)	Yes / No
For Regular Cesspool, Filled, Abandoned or Render it Safe:	Yes / No
For Conversion to a Seepage, Pumped & Cleaned:	Yes / No

**List of Changes Made to Approved IWS Plans:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

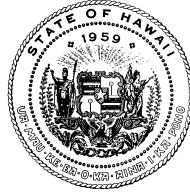
As the engineer performing the above final IWS inspection, check one of the following statement:

- \_\_\_\_\_ The IWS has been installed in strict accordance with the plans that were submitted and approved of by the Department of Health.
- \_\_\_\_\_ Noted deficiencies and / or changes to the approved plans have been addressed by the homeowner, contractor, and myself and the final as built IWS is acceptable to me.
- \_\_\_\_\_ Final construction of the IWS cannot be completed for the following reasons:  
\_\_\_\_\_
- \_\_\_\_\_ Construction of the IWS is not in accordance with the approved plans and I do not accept the changes made to the plans designed by me.

\_\_\_\_\_  
Signature, Stamp Date

Enclosures: As-Built Plans, Stamped and Signed by Engineer Photographs of Treatment Unit, Disposal System, Overview of IWS, Contractor Certification Form

Note: Minimum photos required: Exposed treatment tank with piping connected to exposed distribution box and leach field or seepage pit (s).



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