## DEPARTMENT OF HEALTH - WASTEWATER BRANCH WASTEWATER TREATMENT WORKS (WWTW) APPLICATION

Engineer:						
Owner:						
Owner's Mailing Address:						
Project Location:						
			ne and General	l Area)		
Project Tax Map Key (TMK	) Number: (_	)		:	_	
Lot Size:		Zoni	ng:			
Projected Flow or Number o	of Bedrooms:					
Proposed Treatment Unit (M						
Proposed Disposal System:						
Percolation Rate:						min/in
Existing WWTW on lot:	NO	YES	Туре:			
Existing structure on lot:	NO	YES	Туре:			
LCC upgrade?	NO	YES				
Existing drinking water well	within 1,000	) ft of the pro	pposed disposa	l system?	NO	YES
Would the construction and/ Hawaiian cultural resources	-	_	_			
exercise of traditional Native	-				NO	YES
If yes, indicate on a or exercise of practic		e what feasib	ole action(s) car	n be taken to pi	rotect those reso	urces
I, the licensed civil engineer attachments were prepared usure that qualified personn inquiry of the person or personate personate information, the accurate, and complete. I amincluding the possibility of for Signature:	ander my direction and properly gons who man the information aware that the ine and imprison and imprison and imprison.	ection or super gather and evenage the system in submitted there are sign disonment for	ervision in according aluate the information or those periods, to the best chificant penaltic knowing violation.	ordance with a rmation submit ersons directly to f my knowledges for submittinations.  Date:	system designed tted. Based on m responsible for ge and belief, tru ng false informa	ny ue, tion,
Printed Name & Title:		1	Email:			
Phone No.:						