



**DEPARTMENT OF HEALTH - WASTEWATER BRANCH
WASTEWATER SYSTEM
CONTRACTOR CERTIFICATION FORM**

Subject: 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 Hawai'i.

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: (Select 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: _____

Property Owner's Name (print): _____

Property Owner's Signature: _____ Date: _____