DEPARTMENT OF HEALTH - WASTEWATER BRANCH
INDIVIDUAL WASTEWATER SYSTEM (IWS) APPLICATION

Engineer: _____

Owner: _____

Owner's Mailing Address: _____

Project Location: _____
(Street Address, Subdivision Name and General Area)

Project Tax Map Key (TMK) Number: (select) _____ _____- _____: _____

Lot Size: _____ Zoning: _____

Projected Flow or Number of Bedrooms: _____

Proposed Treatment Unit (Manufacturer, Model, Design Capacity):

_____

Proposed Disposal System: _____

Percolation Rate: _____ min/in

Existing IWS on lot: ☐ NO ☐ YES Type: _____

Existing structure on lot: ☐ NO ☐ YES Type: _____

LCC upgrade? ☐ NO ☐ YES

Existing public drinking water well within 1,000 ft of the proposed disposal system? ☐ NO ☐ YES

Would the construction and/or discharges from the proposed IWS affect any public trust or Native Hawaiian cultural resources (including, but not limited to, burial sites/iwi, heiau, and taro loi) or the exercise of traditional Native Hawaiian cultural practices in the vicinity? ☐ NO ☐ YES

If yes, indicate on a separate page what feasible action(s) can be taken to protect those resources or exercise of practices.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: _____ Date: _____

Printed Name & Title: _____

Phone No.: _____ Email: _____