

STATE OF HAWAII
DEPARTMENT OF HEALTH - WASTEWATER BRANCH
**IWS APPLICATION FORM FOR
SINGLE FAMILY RESIDENTIAL DWELLINGS ONLY**

Engineer Information

1. First Name: _____
2. Last Name: _____

Property Owner Information

3. First Name: _____
4. Last Name: _____
5. Street Address: _____
6. City: _____
7. State: _____
8. Zip Code: _____

General Site Information

9. Street Address: _____
10. City: _____
State: HI
11. Zip Code: _____
12. Tax Map Key Number (TMK [x]-x-x-xxx-xxx): _____
13. Lot Size (Square Feet): _____
14. Is this lot a CPR lot? YES NO
15. Proposed IWS will serve what type of dwelling? (Choose only one):
 NEW DWELLING
 EXISTING DWELLING
 TWO DWELLING
16. Are there any existing IWSs on this site? YES NO
17. Total number of bedrooms or bedroom like rooms to be served by the new IWS:
 1 2 3 4 5

Individual Wastewater System Information (choose only one)

18. Type of IWS (Choose only one): CESSPOOL SEPTIC TANK
 AEROBIC UNIT

Septic Tank

19. Liquid Volume (gallons): _____
20. Septic Tank Manufacturer: _____
21. Manhole covers brought to grade? YES NO

Aerobic Unit

22. Aerobic Unit Name: _____
23. Aerobic Unit Model: _____
24. Rated Capacity (gallons/day): _____

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Cesspool

25. Depth (ft.): _____
26. Diameter (ft.): _____
27. Cover diameter (ft.): _____
28. Size of access thru cover (inches): _____
29. 6" inspection port with cap brought to grade provided? YES NO
30. Type of lining provided? NONE CONCRETE RING
 CONCRETE BLOCK

Soil absorption system to be used

Bed

31. Length (ft.): _____
32. Width (ft.): _____
33. 3' of suitable soil replacement being specified? YES NO

Trenches

34. Number of trenches: _____
35. Length (ft.): _____
36. Width (ft.): _____
37. 3' of suitable soil replacement being specified? YES NO

Seepage Pit

38. Diameter (ft.): _____
39. Depth below inlet pipe (ft.): _____
40. Specify type of lining: NONE CONCRETE RING
 CONCRETE BLOCK
41. 6" inspection port with cap brought to grade? YES NO

Site Evaluation

42. Percolation rate (min./in.): _____
43. Minimum soil absorption area per bedroom (Square feet/Bedroom): _____
44. Is there a minimum three feet setback from bottom of disposal system to the groundwater table? YES NO
45. Is existing potable drinking water well within a 1,000 ft. of the proposed disposal system? YES NO
46. Comments _____

