EXISTING CESSPOOL INFORMATION FORM

WASTEWATER BRANCH-STATE OF HAWAII

TMK:_____ Lot No._____ IWS Permit No._____

Property Owner:_____ Number of Bedrooms:_____

Project Address:_____ City:_____

Engineer:_____ Contractor:_____

Distance from Building (ft)_____ Distance from Property Line (ft)_____

Cesspool Diameter (ft)_____ Cesspool Cover Diameter (ft)_____ Cesspool Depth (ft)_____
(Note: Cesspool Depth shall be measured from inlet piping to the bottom of the cesspool.)

Access Provided for Cesspool: (Please Select One): Yes No Size of Access Opening_____

(in) 6" Inspection Port w/ Cap to Grade (Please Select One): Yes No N/A

Type of Lining:_____ Distance from Finished Ground to Top of Cover (ft):_____

Water in Cesspool (Please Circle One): Yes No

If water in cesspool, distance from inlet piping to water level in cesspool (ft):_____

Date Inspected by Engineer/Contractor:_____

As the engineer/contractor performing the inspection, I submit the above information and the plot plan as drawn below. I also submit that the existing cesspool is functioning, has not been pumped within the last twelve months, and does not discharge directly into the groundwater.

License Number:_____

Engineer's/Contractor's Signature _____ Date:_____

PLEASE ATTACH A PHOTO OF THE TOP OF THE CESSPOOL WITH THE COVER REMOVED

PROVIDE PLOT PLAN IN SPACE PROVIDED BELOW: