

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH

ONSITE SEWAGE DISPOSAL SYSTEMS APPLICATION FOR SITE EVALUATION

Application No. _____ Date Received _____ County _____

TO BE COMPLETED BY APPLICANT

Owner's Name (If Different) _____
Applicant's Name _____ Present Address _____
City _____ State _____ Zip Code _____ Phone No. _____
Location of Property _____
Subdivision _____ Lot No. _____ Block No. _____
Dimensions of Lot _____ Square Footage _____ Acreage _____

ATTACH TO THIS APPLICATION THE FOLLOWING:

- 1. Location map to reach the site.
- 2. Site drawing showing property lines and dimensions of same; location of existing structures; wells, ponds, streams, gullies, swamps, etc.; easements, roads, drives, right-of-ways; if present.
- 3. Proposed (or existing) location of structure(s) to be served by the system; proposed system location.

TYPE OF STRUCTURE PROPOSED

Single Family Residence No. of Bedrooms _____ Garbage Disposal Yes No Basement Yes No
Commercial Type of Business _____
Public Facility Type of Facility _____
No. of Design Units _____ Gallons/Unit/Day _____ Total Daily Waste Flow _____

For commercial and public facilities refer to Table 1, Section 8. System Sizing Standards (Pages 49-52) of 902 KAR 10:085 for design daily waste flow sizing based on type of facility.

I (or my designated agent), _____ wish to be present during the site evaluation.
 I, _____, do not wish to be present during the site evaluation, and waive this right.

TO BE COMPLETED BY LOCAL HEALTH DEPARTMENT

* Evaluation Fee: \$ _____ Paid By: Cash Check Money Order
Date for Evaluation: _____ Time _____ A.M.
P.M.

NOTE: Backhoe pits may be required for evaluation.

County or District Health Department

Certified Inspector

* Additional fee and application required for construction permit.