

CABINET FOR HEALTH SERVICES
DEPARTMENT FOR PUBLIC HEALTH

ONSITE SEWAGE DISPOSAL SYSTEMS APPLICATION FOR SITE EVALUATION

Application No. _____

Date Received _____

County _____

TO BE COMPLETED BY APPLICANT

Applicant's Name _____ Owner's Name (If Different) _____

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 structures(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 standard (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 Fees: \$ _____

Paid By: Cash Check Money Order

Date for Evaluation: _____

Time _____ AM/PM

Note: Backhoe pits may be required for evaluation.

County or District Health Department

Certified Inspector

* Additional fee and application required for construction permit.