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.