

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