

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.