

**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR PUBLIC HEALTH  
ONSITE SEWAGE DISPOSAL SYSTEM  
CONSTRUCTION APPLICATION AND PERMIT**

Christian

\_\_\_\_\_  
Date Site Evaluation No. Permit Number County or District Health Department

Name of Applicant: \_\_\_\_\_ Name of Owner: \_\_\_\_\_

Location/Address of Property: \_\_\_\_\_

Work to be performed by Homeowner or Certified Installer? \_\_\_\_\_

Name of Certified Installer: \_\_\_\_\_ Certification No. \_\_\_\_\_

Do you need a new system or an existing system alteration/repair? \_\_\_\_\_

New system or existing system alteration/repair fee: \_\_\_\_\_

**If new system:** Draw system layout on the back of this sheet or upload a drawing of the system layout showing: All system components; their size, length or type as applicable; and the system in relation to the property lines and the structure it serves. Note: System must be placed in the area staked off on the property for this purpose. All system or site modifications required for site approval must be included.  
  
**If existing system:** Draw system layout on the back of this sheet or upload a drawing of the system as it presently exists, with altered, added, repaired or replaced components, lateral lines, etc., circled; show their size, length or type as applicable.

Type of System Proposed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If low pressure pipe system, design, and materials worksheets must be submitted with this application.)

**NOTE TO APPLICANT:** This sheet as well as all attachments or drawings, constitutes the permit to install, alter or repair onsite sewage disposal system. Any changes made to the system without the written approval of the above listed health department shall void this permit.

**AFFIDAVIT FOR HOMEOWNER INSTALLED SYSTEM ONLY**

I propose to install my own onsite sewage disposal system in accordance with 902 KAR 10:081 and 902 KAR 10:085, and I fully understand my responsibilities under the applicable Law and Regulations as to the installation of my system. I agree to the terms and restrictions of this permit, and further agree to notify the above listed health department to request inspection of my work at the initial and final stages of installation.

Date \_\_\_\_\_ Signed \_\_\_\_\_

**FOR DEPARTMENT FOR PUBLIC HEALTH SERVICE USE ONLY**

Not to be filled out by Applicant

<u>Permit Fee</u>	<u>Method of Payment</u>	
New	Cash	Approved for Permit - Action Code P
System Repair - 1 Component	Check	Approved with Modifications (see drawing)
System Repair - 2+ Components	Money Order	Disapproved

Modifications Required/Reason for Disapproval \_\_\_\_\_

\_\_\_\_\_  
Signature Certification Number Date

