

ONSITE SEWAGE DISPOSAL SYSTEMS

Installer's Affidavit

680-05

County _____ Action Code _____ Permit No. _____

Property Owner _____ Installer _____

Address/Location of Job Site _____

If soil on site is classified as Group IV, was soil moisture test performed (yes or no)? _____

If yes, did soil pass test? _____

If no, was excavation work postponed? _____

Email of Person Filling Out Form _____

Record level or transit readings for all points in the system excavation listed below (as applicable).

Draw system layout and number trenches/beds or lagoons accordingly. Upload. _____

LATERAL TRENCHES

| Trench # | Start of Trench (Nearest Dist. Box) or Manifold | Mid Point of Trench | End of Trench |
|----------|---|---------------------|---------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |

LATERAL BEDS OR LAGOON

| Bed or Lagoon | Upper Left Corner | Lower Left Corner | Center | Upper Right Corner | Lower Right Corner |
|---------------|-------------------|-------------------|--------|--------------------|--------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

I hereby certify that the above readings are true and accurate and that all excavation work has been preformed in accordance with 902 KAR 10:085, Section 9, Subsection (2).

Date

Signature

