

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 \_\_\_\_\_

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**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

\* Additional fee and application required for construction permit.