

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. _____ 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, drive, right-of-ways; if present.
3. Proposed (or existing) location of structure(s) to be served by the system; proposed system location.

Lot should be mowed or cleared for site evaluation. House location and property lines should be marked.

TYPE OF STRUCTURE PROPOSED

Single Family Residence No. of Bedrooms _____ Garbage Disposal Yes No Basement Yes No
Plumbing to be installed in basement Yes No Types of water City Cistern Well
Will there be a Geothermal well installed Yes No Geothermal Well Horizontal or Vertical
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: **\$ 125.00** Paid By: Cash Check Money Order

PLEASE REMIT APPLICATION AND PAYMENT TO: Northern Kentucky Health Department
Environmental Health & Safety
610 Medical Village Drive
Edgewood, KY 41017

NOTE: Backhoe pits may be required for evaluation.

Northern KY Health Dept
County or District Health Department

Certified Inspector