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: $ 225.00   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

*Additional fee and application required for construction permit.   Revised 1-7-2015