



NKYHEALTH
NORTHERN KENTUCKY HEALTH DEPARTMENT



Onsite Sewage Request for Public Records Attachment Form

Onsite sewage systems installed prior to 1982 were inspected by the State Division of Plumbing Inspectors and therefore, the Health Department will not have a record of these systems.

Please make sure you submit as much information as possible below to ensure the records can be located, copied, and sent as requested.

Current owner of property _____

Address of property _____

County of property _____

Person making request/Phone number _____

Year home was constructed and original system installed _____

Original owner name _____

Name of subdivision (if applicable) _____

Lot number (if located in subdivision) _____

Builder/developer (if market home) _____

Former address of property (prior to 911) if applicable _____

Size of property (acreage) _____

Name of person who installed the onsite sewage system _____

Any repairs made to the original system? If yes, approximate year and name of installer who made the changes _____

Owner of property when repair was made _____

Reason for request: room addition _____ pool installation _____ system failure _____

construction of outbuilding _____ other _____

Findings will be based on information provided to this department. Documents do not constitute either a written or implied warranty or guarantee that the subsurface disposal system is still installed as stated. Document may not depict accurate scale or location of system.

Northern Kentucky Health Department

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