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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