

## 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. \_\_\_\_\_  
Applicant's Email Address: \_\_\_\_\_  
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  
Geothermal well installed  Yes  No If yes  Horizontal or  Vertical Other structure (pool) to be built? \_\_\_\_\_  
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: **\$ 300.00** Paid By: Cash  Check  Money Order  Credit/debit

**PLEASE REMIT APPLICATION AND PAYMENT TO:** Northern Kentucky Health Department  
Environmental Health & Safety  
8001 Veterans Memorial Drive  
Florence, KY 41042

**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 7-2021