DFS-319 (Rev. 4-92)

CABINET FOR HUMAN RESOURCES
DEPARTMENT FOR HEALTH SERVICES

Print Form

ONSITE SEWAGE DISPOSAL SYSTEMS APPLICATION FOR SITE EVALUATION

Application No. _____ Date Received _____ County _____

TO BE COMPLETED BY APPLICANT

Owner's Name (if different from applicant) _____

Applicants Name _____ Present Address _____

City _____ State _____ Zip Code _____ Phone No. _____

Location of Property _____

Subdivision _____ Lot No. _____ Block No. _____

Dimensions of lot _____ **OR** Square Footage _____ OR Acreage _____

ATTACH TO THIS APPLICATION THE FOLLOWING:

1. Location map to reach the site.
2. Site drawing showing propery lines and dimensions of same; location fo existing structures; wells, ponds. streams, gullies, swamps etc.; easements, roads, drives, right-of-ways, if present.
3. Proposed (or existing) location of structure(s) to be served by the system; proposed system location.

TYPE OF STRUCTURE PROPOSED

☐ Single Family Residence No. of Bedrooms _____ Garbage Disposal ☐ Yes ☐ No Basement ☐ Yes ☐ No

☐ 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 (or my designated agent), _____ do not wish to be present during the site evaluation.

TO BE COMPLETED BY LOCAL HEALTH DEPARTMENT

* Evaluation Fee: $ _____ Paid by: ☐ Cash ☐ Check ☐ Money Order

Date for Evaluation: _____ Time: _____ AM PM

NOTE: Backhoe pits may be required for evaluation.

County or District Health Department _____ Certified Inspector _____

*** Additional fee and application required for construction permit.**