

CABINET FOR HEALTH SERVICES
DEPARTMENT FOR PUBLIC HEALTH
ONSITE SEWAGE DISPOSAL SYSTEMS APPLICATION FOR SITE EVALUATION

Application No. Date Received MADISON County

TO BE COMPLETED BY APPLICANT

Applicant's Name: Owner's Name (If Different):

Present Address:

City: State: Zip Code: Phone #:

Location of property:

Subdivision Lot No.: Block No.:

Dimensions of Lot: Square Footage: Acreage:

ATTACH THE FOLLOWING TO THIS APPLICATION:

- 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, drives, right-of-ways (if present)
3. Proposed (or existing) location of structures(s) to be served by the system; proposed system location

TYPE OF STRUCTURE PROPOSED

SINGLE FAMILY RESIDENCE No. of Bedrooms: Garbage Disposal: Basement:

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 standard(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 Fees: \$250.00 Paid By: Cash Check/ Money Order # Credit Card

Receipt #:

Date for Evaluation: Time AM / PM

NOTE: Backhoe pits may be required for evaluation.

MADISON COUNTY HEALTH DEPT. County or District Health Department

Certified Inspector

* Additional fee and application required for construction permit.