DFS-319 (REV. 3/97)

CABINET FOR HEALTH SERVICES
DEPARTMENT FOR PUBLIC HEALTH

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. _____
Location of Property _____
Subdivision _____ Lot No. _____ Block No. _____
Dimensions of Lot _____ Square Footage _____ 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, 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, _____ , do not wish to be present during the site evaluation, and waive this right.

TO BE COMPLETED BY LOCAL HEALTH DEPARTMENT

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

Date of Evaluation: _____ Time _____ A.M. P.M.

NOTE: Backhoe pits may be required for evaluation.

_____	_____
County or District Health Department	Certified Inspector

* Additional fee and application required for construction permit.