

# ONSITE SEWAGE DISPOSAL SYSTEMS

Installer's Affidavit

680 – 05

#K

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CountyAction CodePermit No.

Property Owner \_\_\_\_\_ Installer \_\_\_\_\_  
 Address/Location of Job Site \_\_\_\_\_

If soil on site is classified as Group IV, was soil moisture test performed?  Yes  No; If yes, did soil pass test?  Yes  No; If no, was excavation work postponed?  Yes  No;

Record level or transit readings for all points in the system excavation listed below (as applicable). Draw system layout on back and number trenches/beds or lagoons accordingly.

### LATERAL TRENCHES

Trench #	Start of Trench (Nearest Dist. Box) or Manifold	Mid Point of Trench	End of Trench
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

### LATERAL BEDS OR LAGOON

Bed or Lagoon	Upper Left Hand Corner	Lower Left Corner	Center	Upper Right Corner	Lower Right Corner
1					
2					
3					
4					

I hereby certify that the above readings are true and accurate and that all excavation work has been performed in accordance with 902 KAR 10:085, Section 9, subsection (2).

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE