



**Barren River District Health Department**  
1109 State St. • P.O. Box 1157 • Bowling Green, KY 42102  
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Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Simpson, Warren Counties

## OWNER AFFIDAVIT

Owner: \_\_\_\_\_

Onsite Application#: \_\_\_\_\_

Current Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Lot Location:

\_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

**Residential:** Number of plan bedrooms \_\_\_\_\_ Garbage Disposal? \_\_\_\_\_ yes \_\_\_\_\_ no

**Commercial:** Type \_\_\_\_\_

Number of Employees, seats, units etc. \_\_\_\_\_

Commercial food/waste grinder to be installed? \_\_\_\_\_ yes \_\_\_\_\_ no

\* I hereby certify that the above information provided by me is true and correct to the best of my knowledge. I also understand that onsite sewage disposal system sizing is based, in part, upon the information given above and other site characteristics. Any changes during construction in the above information will require changes in the onsite sewage disposal system sizing.

\_\_\_\_\_  
\*\* OWNER SIGNATURE

\_\_\_\_\_  
DATE

\*\* *Owner signature is required prior to onsite disposal system permit issuance.*