

CABINET FOR HEALTH SERVICES
DEPARTMENT FOR PUBLIC HEALTH

REQUEST FOR ONSITE SEWAGE DISPOSAL SYSTEM VARIANCE

I hereby request a variance in accordance with the Onsite Sewage Disposal System Law (KRS 211.350 to 211.380) and regulations relative to a proposed: (a) residence , (b) commercial establishment , (c) other facility , located at _____ in the county of _____.

Justification for my request is as follows: _____

If my request is granted, I understand that this variance in no way relieves me of full responsibility for maintaining this sewage disposal system or for making immediate corrections in the event the system fails.

I hereby swear that the above information given by me is true and correct, and further swear to abide by the conditions of the variance if granted.

Signature of Property Owner

Name of Business (if applicable)

COMMONWEALTH OF KENTUCKY

COUNTY OF _____

Subscribed and sworn to by _____

before me on the _____ day of _____, 20 _____.

Notary Public

My commission expires _____.

THIS SECTION TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT

680 - #L (approval only)

Variance approved with the following stipulation(s):

Variance disapproved with the following reason(s):

Health Department

Certified Inspector

Cert. No.

Signature of (Health Department Director or Chairman of Board of Health)

Date