



Lexington-Fayette County Health Department

Environmental Health  
 650 Newtown Pike  
 Lexington, KY 40508-1197  
 (859) 231-9791  
 (859) 231-9459 Fax

**APPLICATION FOR AN ONSITE SOIL EVALUATION**

FAYETTE

34

(SITE EVALUATION # / FILE #)

(DATE RECEIVED)

(COUNTY)

(DISTRICT)

**TO BE COMPLETED BY APPLICANT**

OWNERS NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE #: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_ BLOCK: \_\_\_\_\_ PARCEL #: \_\_\_\_\_

DIMENSIONS: \_\_\_\_\_ SQUARE FOOTAGE: \_\_\_\_\_ ACRES: \_\_\_\_\_

**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 on or within 70' of property lines,; geothermal wells; ponds; streams; etc.; easements; roads; right-of ways;
- 3.) Proposed (or existing) location of structure(s) to be served by the proposed system location.

Type of Structure Proposed:	Number of Bedrooms:	Bonus Room:
Type of Installation:	Type of Water Supply:	Basement:
Residential:	Gallons/Unit/Day:	Fixtures in Basement:
Single Family Residence:	Garbage Disposal:	Radon Info Given:
Type of Installation:	Dishwasher:	
Number of Design Units:	Whirlpool/Spa:	

I give permission to the Department to enter onto the property described for the purpose of processing this application. I further state that the property lines and building location is clearly marked and that the property is sufficiently visible to see the topography. I understand that when backhoe pits are needed in order to conduct the evaluation that the arrangement and payment for the backhoe is my responsibility.

APPLICANT IS:

I \_\_\_\_\_ hereby swear and affirm that the above information and attachments are true and correct  
 (Print Name)

\_\_\_\_\_  
 (Signature of Owner/Agent)

Applicant or designated agent to be present for site evaluation: \_\_\_\_\_ Scheduled Date: \_\_\_\_\_ Time: \_\_\_\_\_

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**TO BE COMPLETED BY LOCAL HEALTH DEPARTMENT**

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EVALUATION FEE: \_\_\_\_\_ PAID BY: \_\_\_\_\_ CHECK#: \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

(\*Additional fee and application required for construction permit

Conditions of the Approval to install Onsite Sewerage System

1. This approval is NOT transferable to another person or to another location
2. The subsurface sewerage system is to be installed in the designated location and as designed on this approval and/or on the attached approved plans
3. Any deviation in the location of the system must be requested in writing from the owner and must be approved in writing by the Lexington-Fayette County Health Department
4. The area designated for the sewage drainfield cannot be used for driveways, parking areas, patios, or any other type of construction. The drainfield area is to be planted in grass or similar vegetation.
5. Roof and basement drains shall not be discharged into any part of the sewerage system, but shall be directed to a part of the lot away from the drainfield area.
6. This approval becomes invalid if any portion of the drainfield area is graded before installation of the drainfield or if any of the soil is removed from the drainfield area.
7. This approval shall be invalid if any information submitted to the Lexington-Fayette County Health Department, used in approval of land has been falsified or given incorrectly.

Uses and Limitations of This Approval

1. This approval CAN be used to obtain a building permit and an onsite sewerage system permit
2. This approval CANNOT be used to install an onsite sewerage system or any part of the system.
3. If construction has not been completed within ONE YEAR from the date issued, this approval becomes invalid.