

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH

ONSITE SEWAGE AGENCY REFERRAL FORM

Environmental Public Protection Cabinet
Division of Water
Wastewater Facilities Review Section
14 Reilly Road
Frankfort, KY 40601

Attention: _____

Date Referred: _____

Site Evaluation #: _____

County Code: _____

This letter is to advise that property located at: _____

; And owned by: _____

; In the county of: _____

Has been evaluated by the _____ Health Department

On _____ date, under the provisions of 902 KAR 10:085 Kentucky Onsite Sewage Code and the following determinations have been made with regard to the feasibility of the installation of an onsite sewage disposal system at the above location.

This site was found to be unsuitable for the installation of any conventional, modified or alternative onsite sewage disposal system due to:

- Lack of sufficient soil depth
- Lack of available space for installation of conventional, modified or alternative system
- Lack of available repair space by convention, modified or alternative methods

This is to certify that all available subsurface onsite sewage disposal treatment options have been discussed and considered for this site and have been found to be unsuitable and unusable for this site based on established criteria and the results of the onsite evaluation. (See attached site evaluation)

Signed _____
Registered Sanitarian

Date _____