

MADISON COUNTY HEALTH DEPARTMENT

APPLICATION FOR EXISTING ONSITE SEWAGE DISPOSAL SYSTEM INSPECTION

INSPECTION REQUESTED BY: OWNER LENDER BUYER OTHER: _____

NAME: _____

FULL ADDRESS: _____

PHONE #: _____

PROPERTY OWNER'S NAME: _____

LOCATION OF PROPERTY: _____

SUBDIVISION: _____ LOT #: _____

OCCUPIED VACANT APPROXIMATELY HOW LONG: _____

LOT SIZE: _____ PROPERTY USE: RESIDENTIAL COMMERCIAL

(IF COMMERCIAL, WHAT TYPE?) _____

SYSTEM INFORMATION:

DATE SYSTEM INSTALLED: _____ SIZE OF TANK: _____ GAL

LATERAL FIELD LENGTH: _____ FT INSTALLED BY: _____

PREVIOUS USE OF SYSTEM: RESIDENTIAL COMMERCIAL

ADDITIONAL AREA AVAILABLE FOR REPAIRS? _____

OWNER'S AFFIDAVIT:

I, _____, owner of the above-mentioned property and the onsite subsurface sewage disposal system installed therein, certify that the above information supplied by me is true and correct to the best of my knowledge. Based upon the above information, and my intended use for this property, I believe that the existing subsurface sewage disposal system will adequately serve such use; however, if this system fails to operate in an acceptable manner, I will take immediate action to correct any problems, and accept full responsibility for corrections.

Witness Signature

Owner's Signature

Date

SEND REPORT TO:

APPLICANT'S SIGNATURE

FEE: \$250.00

(PAYABLE TO: MADISON COUNTY HEALTH DEPT.)

APPLICATION # _____

DATE REC'D: _____

PYMT BY: CHECK # _____

CASH

CREDIT CARD

RECEIPT #: _____

TO BE COMPLETED BY CERTIFIED INSPECTOR

IS SYSTEM CURRENTLY BEING USED: Yes No

OBSERVATIONS / MODIFICATION IMMEDIATELY NECESSARY: _____

ARE RECORDS ON FILE AT MCHD REGARDING ANY PREVIOUS INVESTIGATIONS OR COMPLAINTS RELATING TO MALFUNCTIONING OF THE SYSTEM? Yes No IF YES, WHAT TYPE OF CORRECTION MADE ON SYSTEM?

CERTIFIED INSPECTOR / CERTIFICATION NO.

DATE

DISCLAIMER: THE MADISON COUNTY HEALTH DEPARTMENT AND THE CERTIFIED INSPECTOR DO NOT REPRESENT OR WARRANT THE OPERATION OR FUNCTIONING OF THIS OR ANY ONSITE SEWAGE DISPOSAL SYSTEM FOR ANY PERIOD OF TIME.

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