

**APPLICATION FOR CONSTRUCTION PERMIT AND SITE APPROVAL  
FOR ON-SITE SEWAGE MANAGEMENT SYSTEM**

Subdivision, Street or Road	Health District 4	County Fayette
Property Location (Address, Block, Lot, Directions to Property)		
I hereby apply for a construction permit to install an onsite sewage management system and agree that the system will be installed to conform to the requirements of the rules of the <i>Fayette County Board of Health</i> , Chapter 290-5-26. I understand that final inspection is required and will notify the County Health Department upon completion of construction and before applying final cover.		
Signature (Owner or Applicant)		Date
Property Owner's Name		Phone No.
Owner's Address		
Permit Applicant's Name		Phone No.
Applicant's Address		
Financial Assistance <input type="checkbox"/> FHA, <input type="checkbox"/> VA, <input type="checkbox"/> Farmers Home, <input type="checkbox"/> Conventional.    Case Number _____		
Type Facility (Residence, Church, Motel, Restaurant, Etc.)		No. of Bedrooms or No. of Gallons Per Day
Water Supply <input type="checkbox"/> Public, <input type="checkbox"/> Community, <input type="checkbox"/> Individual	Located Required Distances From Possible Pollution Source <input type="checkbox"/> Yes, <input type="checkbox"/> No	
Lot Size Front _____ Ft.,    Rear _____ Ft.,    Right Side _____ Ft.,    Left Side _____ Ft.,    Square Ft./Acra _____		
House Design <input type="checkbox"/> Ground Level, <input type="checkbox"/> Split Level, <input type="checkbox"/> With Basement	Level of Plumbing Outlet <input type="checkbox"/> Ground Level, <input type="checkbox"/> Split Level, <input type="checkbox"/> Basement	
Soil Conditions (Absorption Field) Percolation Rate _____ Min./in.;    Water Table Depth _____ Feet;    Soil Type (Rock, Etc.) _____		
Sewage Disposal <input type="checkbox"/> Septic Tank, <input type="checkbox"/> Aerobic Unit, <input type="checkbox"/> Pit Privy, <input type="checkbox"/> Construction Privy, <input type="checkbox"/> Other (Explain below)	Total Capacity Septic Tank _____ Gals.,    Dosing Tank _____ Gals.,    Grease Trap _____ Gals.	
Field Layout Method <input type="checkbox"/> Distribution Box, <input type="checkbox"/> Mound, <input type="checkbox"/> Level Field, <input type="checkbox"/> Serial Distribution, <input type="checkbox"/> Other (Explain below)	Absorption Field Area Total Sq. Ft. _____ ;    Total Linear Ft. _____ ;    Trench Depth In. _____ ;    Trench Width In. _____	
If Distribution Box is Used No. of Lines _____ ;    Length Each Line, Ft. _____		
Site Approved <input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Conditions (Use reverse side for sketch & additional space if needed)		
<b>PERMIT</b>		
A permit is hereby granted to install or construct the on-site sewage management system described above. This permit is not valid unless properly signed below, and expires twelve (12) months from date of issue.		
Issuance of a construction permit for an on-site sewage management system, and subsequent approval of same by representatives of the <i>Fayette County</i> County Board of Health shall not be construed as a guarantee that such systems will function satisfactorily for a given period of time; furthermore, said representatives do not, by any action taken in effecting compliance with these rules, assume any liability for damages which are caused, or which may be caused, by the malfunction of such system.		
Construction Permit Number		Date of Issue
Approved by (Health Department Representative)		Title

Please Complete to line