

ONSITE SEWAGE DISPOSAL SYSTEMS

Installer's Affidavit

680 - 05

#K

County

Action Code

Permit No.

Property Owner _____

Installer _____

Address/Location of Job Site _____

If soil on site is classified as Group IV, was soil moisture test performed? Yes No; If yes, did soil pass test? Yes No; If no, was excavation work postponed? Yes No;

Record level or transit readings for all points in the system excavation listed below (as applicable). Draw system layout on back and number trenches/beds or lagoons accordingly.

LATERAL TRENCHES

Trench #	Start of Trench (Nearest Dist. Box) or Manifold	Mid Point of Trench	End of Trench
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

LATERAL BEDS OR LAGOON

Bed or Lagoon	Upper Left Hand Corner	Lower Left Corner	Center	Upper Right Corner	Lower Right Corner
1					
2					
3					
4					

I hereby certify that the above readings are true and accurate and that all excavation work has been performed in accordance with 902 KAR 10:085, Section 9, Subsection (2).

DATE



SIGNATURE