

**CABINET FOR HEALTH SERVICES
DEPARTMENT FOR PUBLIC HEALTH**

APPLICATION FOR SITE EVALUATION AND PERMIT TO OPERATE A DISPOSAL SITE

APPLICATION NO.	DATE RECEIVED	COUNTY	HEALTH DEPT. / DISTRICT		
OWNER'S NAME	ADDRESS		CITY	STATE	ZIP CODE TELEPHONE NO.
SITE OPERATOR'S NAME	ADDRESS		CITY	STATE	ZIP CODE TELEPHONE NO.
LOCATION OF SITE:	COUNTY	CITY			

DIRECTION TO SITE:

ATTACH THESE DOCUMENTS WITH THE APPLICATION

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|------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 1. <input type="checkbox"/> SCALED AND DIMENSIONED SITE PLAN | 8. <input type="checkbox"/> MONITORING PROGRAM (IF APPLICABLE) |
| 2. <input type="checkbox"/> NUMBER OF ACRES WITH SITE BOUNDARIES | 9. <input type="checkbox"/> LAND USAGE |
| 3. <input type="checkbox"/> STRUCTURES AND OTHER FACILITIES | 10. <input type="checkbox"/> NITROGEN REQUIREMENT |
| 4. <input type="checkbox"/> PROPOSED DISPOSAL AREAS | 11. <input type="checkbox"/> APPLICATION RATE |
| 5. <input type="checkbox"/> SET BACK DISTANCES ON/OFF SITE | 12. <input type="checkbox"/> APPROVAL LETTER FROM LOCAL PLANNING AND ZONING |
| 6. <input type="checkbox"/> ACCESS ROADS | 13. <input type="checkbox"/> ENDANGERED SPECIES STATEMENT |
| 7. <input type="checkbox"/> PROPOSED OPERATIONS PLAN | 14. <input type="checkbox"/> OTHER REQUIRED BY CABINET |

I, _____ do affirm or attest that the information given to the _____ Health Department is true and correct to the best of my knowledge.

Owner Signature _____ Date _____

(TO COMPLETED BY THE HEALTH DEPARTMENT)

SITE EVALUATION

DISPOSAL METHOD	SITE TOPOGRAPHY	LANDSCAPE POSITION	SOIL TEXTURE	DEPTH TO RESTRICTIVE HORIZON	DEPTH TO WATER TABLE	SOIL DEPTH	AVAILABLE SPACE
SURFACE APPLICATION							
SHALLOW INCORPORATION							
DEEP INCORPORATION							

ARE SET BACK DISTANCES MET ? YES NO If no, list missing setbacks:

EVALUATION FEE		PAID: (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE EVALUATION TO BE CONDUCTED	
EVALUATION DATE	CONDUCTED BY		ARRIVAL TIME	DEPARTURE TIME	MILEAGE
SITE APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	PERMIT TO OPERATE <input type="checkbox"/> YES <input type="checkbox"/> NO		HEARING REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO		

COUNTY/DISTRICT HEALTH DEPARTMENT	ENVIRONMENTALIST	ID #
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OWNER/OPERATOR (MUST BE PRESENT)	OWNER/OPERATOR'S SIGNATURE
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