

# ONSITE SEWAGE DISPOSAL SYSTEMS

## Installer's Affidavit

**680 – 05**

**#K**

MADISON  
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