

**KENTUCKY DIVISION OF WATER
SEWER SANCTION EXEMPTION REQUEST FORM**

Facility on sanction: _____ Phone #(_____) _____

Address/City/Zip: _____

County: _____ KPDES # _____ Date: _____

COMPLETE ONE OF THE FOLLOWING THREE (3) OPTIONS

For sewer line extensions that are trunklines:

Project name and/or description: _____

Project Address/Location: _____

Design flow of completed line(s) and lift station(s): _____ GPD

For sewer line extensions that are connecting and intercepting sewers and associated tap ons:

Project name and/or description: _____

Project Address/Location: _____

Design flow of completed line(s): _____ GPD

Design flow of project tap on(s): $\frac{\text{_____}}{\text{(# of units)}} \frac{\text{_____}}{\text{(type of units)}} \text{ at } \frac{\text{_____}}{\text{(unit design flow)}} \text{ GPD} = \text{_____ GPD total flow}$

For tap ons to existing sewer lines only:

Project name and/or description: _____

Project Address/Location: _____

Design flow of project tap on(s): $\frac{\text{_____}}{\text{(# of units)}} \frac{\text{_____}}{\text{(type of units)}} \text{ at } \frac{\text{_____}}{\text{(unit design flow)}} \text{ GPD} = \text{_____ GPD total flow}$

I, _____, of _____,
(please print name and title) (organization)

approve of this project and certify that the above named wastewater system has or will have
sufficient capacity to transport and treat the additional flow in this request.

(Signature required by representative of municipality or agency receiving wastewater)

To be filled out by State Personnel Only:

FCB engineer for sewer line extensions: _____ Project ID # _____

Granted Denied

(Signature of person granting or denying the exemption)

Comments: _____