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): __________ GPD = ________ GPD total flow
(# of units) (type of units) (unit design flow)

☐ For tap ons to existing sewer lines only:
Project name and/or description: __________________________________________________________
Project Address/Location: _______________________________________________________________
Design flow of project tap on(s): __________ GPD = ________ GPD total flow
(# of units) (type of units) (unit design flow)

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: ___________________________________________________________________________________

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)