

**Certificates to be placed on Preliminary Subdivision Plats may be found on the following link on the City of Murray's website.**

**<http://www.murrayky.gov/docs/CertificatePreliminaryPlat.pdf>**

FORM A  
CERTIFICATION OF THE APPROVAL OF WATER AND SEWERAGE SYSTEMS

I hereby certify that the \_\_\_\_\_ water supply and \_\_\_\_\_ sewage disposal utility systems installed, or proposed for installation in the subdivision entitled: \_\_\_\_\_ fully meets the requirements of the Kentucky State Health Department, and hereby approved as shown.

Date \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
County Health Officer or other Approving Agent

**(Blanks to be filled with the words "private" or "public".)**

FORM B  
CERTIFICATE OF AVAILABILITY OF WATER SERVICES

I hereby certify that, \_\_\_\_\_\* shall supply the \_\_\_\_\_ Subdivision with water services and that the water distribution systems of said subdivision meets the requirements of this agency and all other requirements for the proper distribution of water.

Date \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Engineer of the Appropriate Agency

**\* (Name of company or agency distributing water)**

FORM C

CERTIFICATE OF THE AVAILABILITY OF SEWAGE DISPOSAL SERVICES

I hereby certify that \_\_\_\_\_\* shall supply the \_\_\_\_\_ subdivision with sewage disposal services and the sewage disposal system of said subdivision meets the requirements of this agency and all other requirements for the proper disposal of sewage.

Date \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Engineer of the Appropriate Agency

**\*(Name of company or agency supplying sewage disposal services.)**

ROAD NAMES

I hereby certify that I have compared the road names with current records and have not found any duplication.

Date \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
911 Coordinator or Other Approving Agent