

ON-SITE SEWAGE DISPOSAL SYSTEMS OPTIONS

181951
FILE NUMBER

SITE EVAL. NO 1-346-17 Nelson L.T. 12-05-16
(County) (District) (Date)
OWNERS NAME: Danny Raicer PHONE NO: _____
MAILING ADDRESS: Lot 34 Valley View Estates

*Based on the results of the site evaluation the applicant may choose one of the checked (X) options from Section I and II. Any items checked in Section III are required to be installed. One or more of the checked options in Section IV may be chosen.

Section I Pretreatment Units (Choose one)

- A septic tank with a minimum capacity of _____ gallons.
- Two septic tanks in series, each with a minimum capacity of _____ gallons.
- A septic tank with a minimum capacity of _____ gallons along with an approved effluent filter.
- Multiple septic tanks in series each with a minimum capacity of _____ gallons and a minimum combined capacity of _____ gallons.
- Installation of an aerobic pretreatment unit.

Section II Minimum Treatment Area (Choose one)

- _____ feet of two (2) foot conventional trench width installed _____ inches deep.
- _____ feet of eight (8) or (10) inch gravelless pipe installed _____ inches deep.
- _____ feet of low pressure pipe trench installed _____ deep.
- _____ feet of _____ foot wide lateral beds installed _____ inches deep.
- _____ feet of leaching chambers installed _____ inches deep.
- _____ square feet of lagoon water surface area followed by _____ feet of two (2) foot conventional trench width installed _____ inches deep.
- A mound system designed and sized based upon the information and criteria given in the United States Environmental Protection Agency publication EPA 625/1-80-012, "Design Manual, Onsite Wastewater Treatment and Disposal Systems".
- An Experimental Constructed Wetland System designed and sized based upon the information and criteria given in the Cabinet for Human Resources publication, "Constructed Wetlands Guidelines".

Section III System Modifications (Required if checked)

- A curtain drain installed _____ inches deep.
- A grease trap with a minimum capacity of _____ gallons.
- _____ feet of _____ foot wide lateral beds installed _____ inches deep for the laundry greywater.
- A two (2) foot increase in minimum spacing between individual trenches; and, a twenty-five (25) foot increase in minimum setback distances downslope of the lateral field.

Section IV Other System Options

- An approved alternating valve or device with each individual alternate lateral field or bed containing one-half (1/2) of the total linear footage required for the system.
- _____ feet of _____ foot wide lateral beds installed _____ inches deep for the laundry greywater.

*Sizing of other onsite sewage disposal systems not specifically mentioned in regulation 902 KAR 10:085 or on this form may be approved on a case by case basis by the Cabinet. The applicant will be responsible for contracting and paying a private consultant to draft and submit these plans to the cabinet.

Remarks: Sizing based on 3 bedroom home + for specific location on lot. See drawings.

★ Will require RESITE before permitting.

★ One area of good dirt where old home was located. Could require partial fill + wait.

Inspector: AM EHS No. G3091 Cert. No. CF-3A



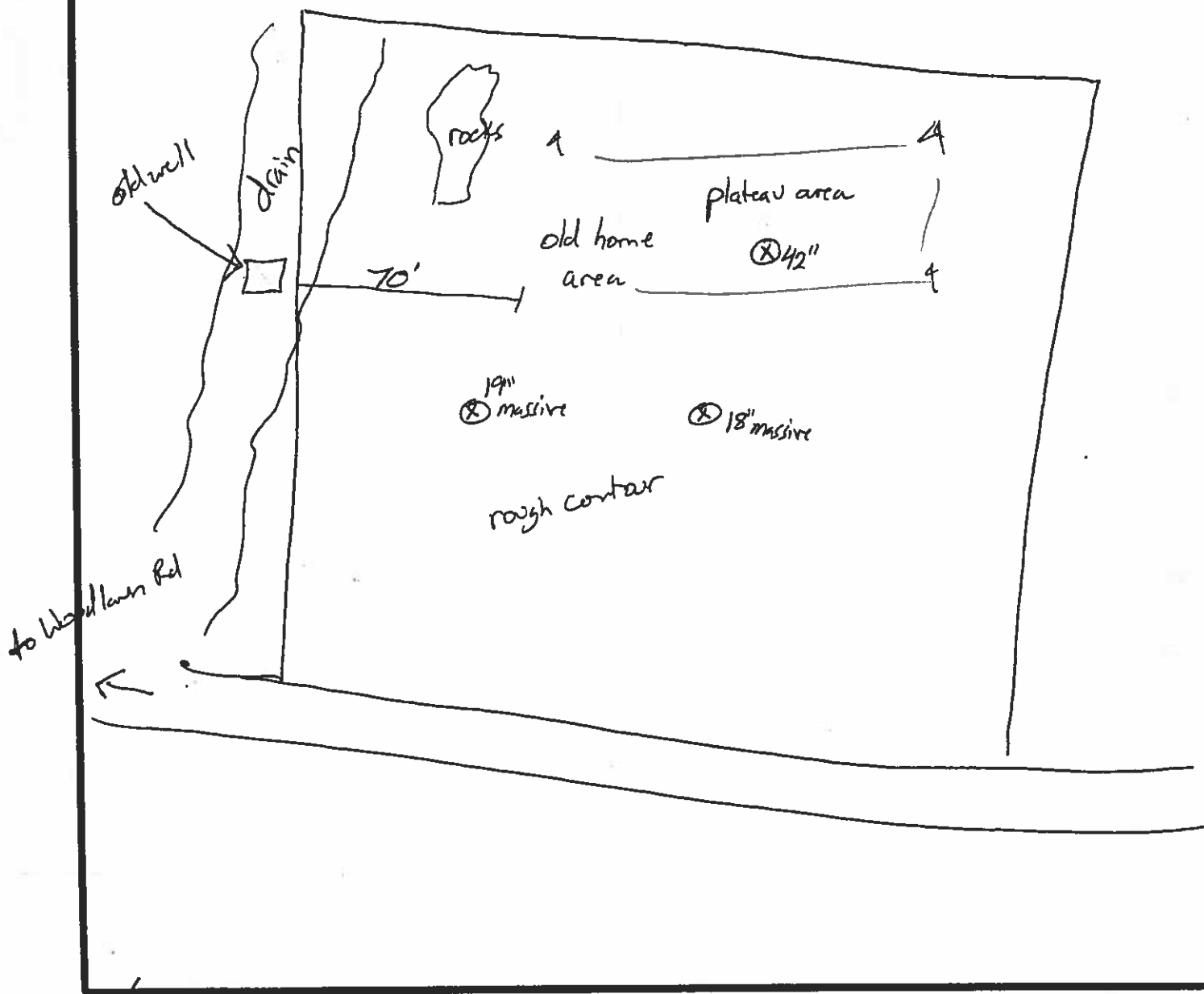
Linn Trail District Health Department

1814571

1 344 17
O S E Y R

2 O S P Y R

Lot 34



SITE PLAN
 PROPOSED SYSTEM
 INSTALLED SYSTEM

DATE 12-05-14
 CI 319

CABINET FOR HEALTH AND FAMILY SERVICE
DEPARTMENT FOR PUBLIC HEALTH
ONSITE SEWAGE DISPOSAL SYSTEMS
SITE EVALUATION

Nelson
County

1-346-17
Application No.

Owner's Name Danny Kaiser

Lot Address Lot 34 Valley View Estates

Applicant's Name _____

Address (Mark's Lot)

Evaluation Factors	Proposed System Area <i>back of lot</i>	Alternative Area 1 <i>downhill</i>
1. Topography (slope %)	4-6% S PS U	S PS U
2. Landscape Position	side/plateau S PS U	S PS U
3. Soil Texture and Group	2-42 Silty Clay IV S PS U	S PS U
4. Soil Structure	2-42 Blocky S PS U	S PS U
5. Internal Soil Drainage	> 42" S PS U	S PS U
6. Soil Depth (in.)	> 42" S PS U	S PS U
7. Restrictive Horizons (in.)	> 42" S PS U	massive @ 18" S PS U
8. Available Space	careful placement S PS U	S PS U
9. Overall Site Classification	S PS U	S PS U
10. Soil Series (if available)		

S = SUITABLE PS = PROVISIONALLY SUITABLE U=UNSUITABLE

11. List site and/or system modifications or alternatives required for site approval and the specific area selected for system installation:

Met Danny Kaiser + Jackie Fogle (installer) w/ backhoe
* One area on lot has good soil. May not be large enough for system or may be where house may go.
lateral area is
* Could require a partial fill + wait if placed too far downhill.

FILLED OR DISTURBED SITES ONLY

12. Percolation Test Required: Yes No

13. Percolation tester instructions: Test to be run in flagged area at depth of _____ in. Presoaking of test holes to be in accordance with Section 6. (4) () Test measurements to be conducted in accordance with Section 6. (5) ().

Attach copy of application and site plan. Draw in evaluation areas and designate area selected for system installation (flagged area).

Date Requested _____ Start _____ A.M.
Time _____ P.M.
Date Completed 12-05-76 End _____ A.M.
Time _____ P.M.

AM
Certified Inspector
Nelson
County or District Health Department
CI-319
Cert. No.

