

101431

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

Nelson Co
County

1-348-17
Application No.

Owner's Name Danny Paisar

Lot Address Lot 36 Valley View Marks Ln

Applicant's Name " " "

Address 200 Wire Ln

Evaluation Factors	Proposed System Area			Alternative Area 1	Front Yard
	Old Platau				
1. Topography (slope %)	59%	(S) PS U		69%	(S) PS U
2. Landscape Position	side	(S) PS U		side	(S) PS U
3. Soil Texture and Group	0-10" SL 10-42" SICL	(S) PS U		0-2" C II 0-2" + out	(S) PS U
4. Soil Structure	0-6" qn 6-42" DKY	(S) PS U		0" mass	(S) PS U
5. Internal Soil Drainage	mottles @ 30"	(S) PS U		mottles @ 30"	(S) PS U
6. Soil Depth (in.)	42"	(S) PS U		42	(S) PS U
7. Restrictive Horizons (in.)	None to 42"	(S) PS U		masse @ 11"	(S) PS U
8. Available Space	.87 acres	(S) PS U		.87 acres	(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 Paisar & Jackie Fogle (installer)
- Plateau along old ed. grad dirt. would have to lay system out to see if it would fit.
- front yard would be a fill-n-wait
- Must contact us before proceeding house location needed.
- If back yard is usable, would require pump tank & alarm.

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).

12-5-16 Start Time _____ A.M.
12-5-16 Date Requested _____ P.M.
12-5-16 End Time _____ A.M.
12-5-16 Date Completed _____ P.M.

Bobby Miles _____
Certified Inspector _____ Cert. No. _____
Nelson Co
County or District Health Department

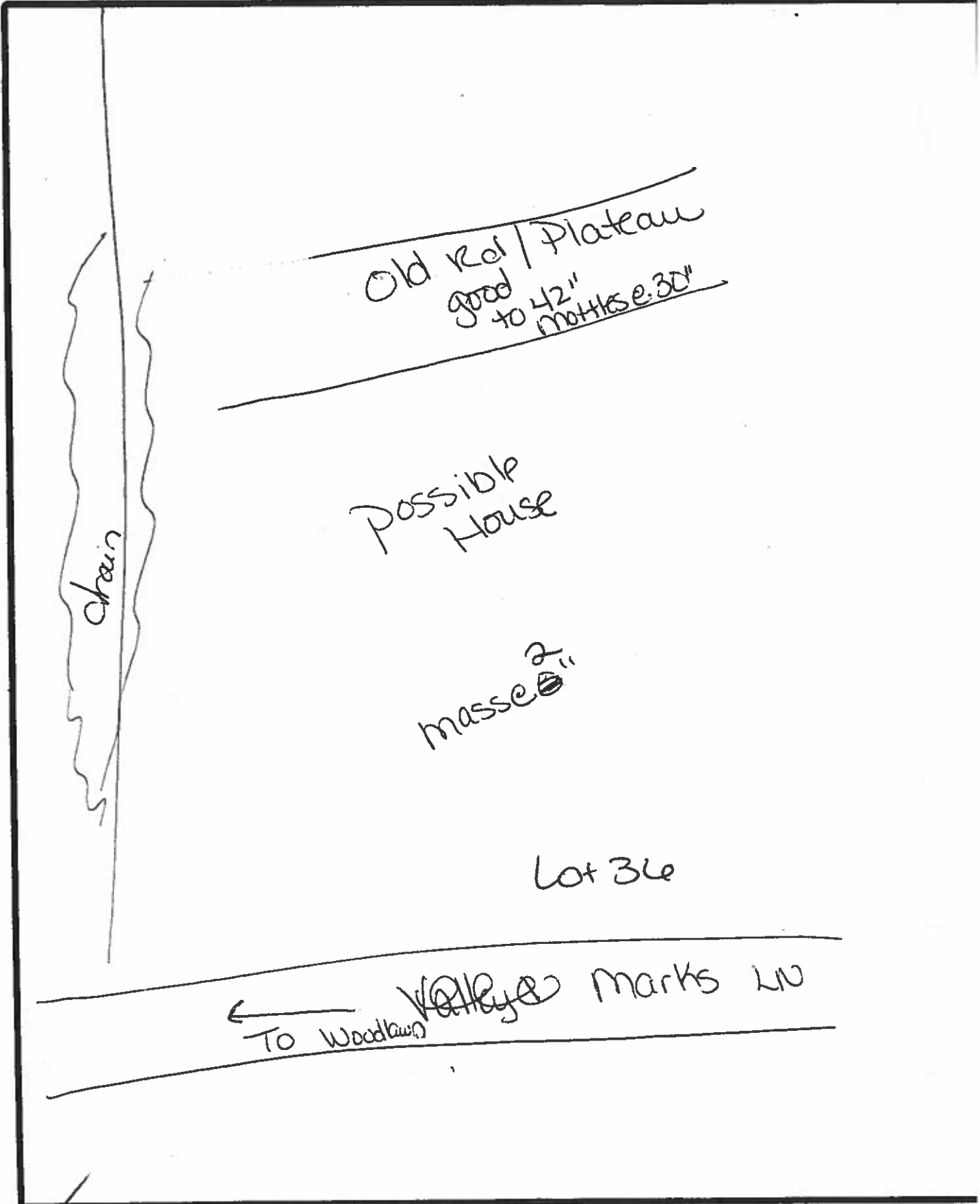


Linc Trail District Health Department

101751

1 O S E Y R

2 O S P Y R



SITE PLAN
 PROPOSED SYSTEM
 INSTALLED SYSTEM

DATE 12-5-
 CI 10208