

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

181968

Nelson
 County

1-354-17
 Application No.

Owner's Name Danny Baisor Lot Address Deer Valley

2nd on lot 1st

Applicant's Name " " Address 290 Wire Ln

| Evaluation Factors | Proposed System Area <small>Left & Back</small> | Alternative Area 1 <small>Front</small> |
|--------------------------------|---|--|
| 1. Topography (slope %) | ~ 19% (S) PS U | 19% (S) PS U |
| 2. Landscape Position | side (S) PS U | side (S) PS U |
| 3. Soil Texture and Group | 0-8" SIL II 8-42" SICL I# (S) PS U | 0-23" BIKY 23+ mass (S) PS U |
| 4. Soil Structure | 0-5" gr 5-42" BIKY (S) PS U | 0-18" SIL L III 18-23" SIC I# 23+ C II (S) PS U |
| 5. Internal Soil Drainage | None to 42 (S) PS U | None to 42 (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 | mass 23" (S) PS U |
| 8. Available Space | 2.08 (S) PS U | 2.08 (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 Baisor & Jackie Fogle Installer
- The area to left & back has good soil but is a small plateau & dirt may not last
- Front yard may be option but would be shallow and careful placement, due to utilities & heavy equipment would have to stay out.
- Would need to house location & further evaluation

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 _____ A.M. Bobby Miles 1028
 Date Requested Time P.M. Certified Inspector Cert. No.
12-5-16 End _____ A.M. Nelson Co.
 Date Completed Time P.M. County or District Health Department



181960

CI

DATE 12-5-14

