

ON-SITE SEWAGE DISPOSAL SYSTEMS OPTIONS

181950
FILE NUMBER

SITE EVAL. NO. 1-345-17 Nelson LIT 12-05-14
(County) (District) (Date)
OWNERS NAME: Danny Ralvar PHONE NO: _____
MAILING ADDRESS: Lot 33 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 1000 gallons.
- Two septic tanks in series, each with a minimum capacity of 1000 gallons.
- A septic tank with a minimum capacity of 1000 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.
- 270 feet of 4 foot wide lateral beds installed 12 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.

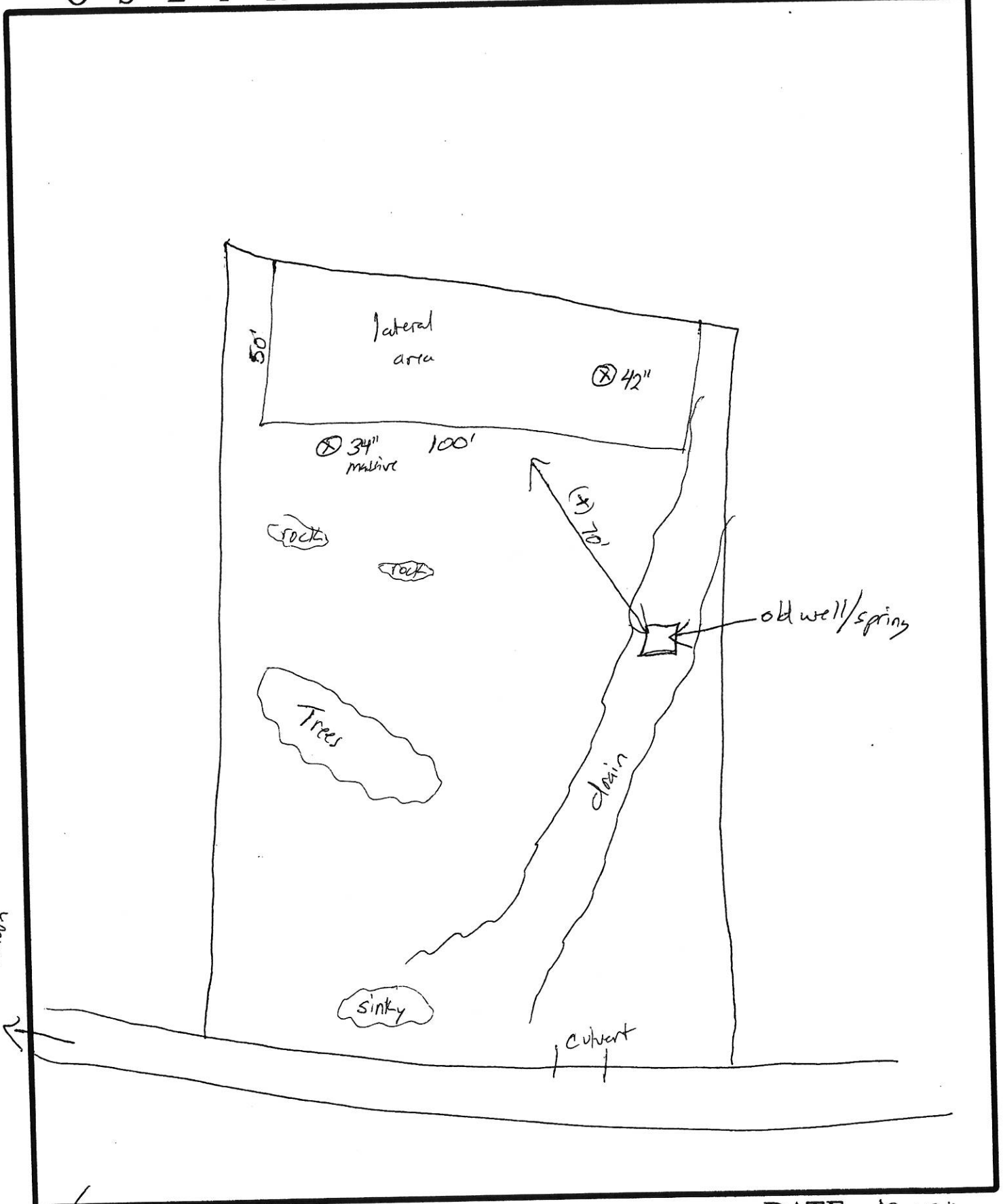
Remarks: Sizing based on 3 bedroom home + for specific location on lot. Pump to back of lot. See drawings.
* Will require RESITE before permitting.
Keep 70' off well (spring) + sinkhole area in front of lot.

Inspector: AM EHS No. G3091 Cert. No. CF-319



1 345 17
O S E Y R

2
O S P Y R



SITE PLAN
 PROPOSED SYSTEM
 INSTALLED SYSTEM

DATE 12-05-16
 CI 319

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

181950

County Nelson

Application No. 1-345-17

Owner's Name Danny Raiser Lot Address Lot 33 Valley View Estates

Applicant's Name _____ Address (Marks Ln)

Evaluation Factors	Proposed System Area	Uphill at back of lot	Alternative Area 1
1. Topography (slope %)	4-6%	<u>S</u> PS U	S PS U
2. Landscape Position	side slope	<u>S</u> PS U	S PS U
3. Soil Texture and Group	0-14 SL III 14-34 SL III 34-42 Clay IV	<u>S</u> <u>PS</u> U	S PS U
4. Soil Structure	2 Blocky 34 Massive	<u>S</u> <u>PS</u> U	S PS U
5. Internal Soil Drainage	>42"	<u>S</u> PS U	S PS U
6. Soil Depth (in.)	>42"	<u>S</u> PS U	Rock outcroppings downhill <u>U</u>
7. Restrictive Horizons (in.)	34" massive	<u>S</u> <u>PS</u> U	S PS U
8. Available Space	Careful placement	<u>S</u> <u>PS</u> U	S PS U
9. Overall Site Classification	S <u>PS</u> U	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 Raiser + Jackie Fogle (installer) w/ backhoe.
Sink area at front of lot that doesn't drain out culvert.
Old pump house (well) + spring in drain on lot.


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


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

