

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

1814571

County Nelson Co Application No. 1-348-17
 Owner's Name Danny Raiser Lot Address Lot 36 Valley View
 Applicant's Name " " Address 200 Wire Ln marks Ln

Evaluation Factors	Proposed System Area			Alternative Area 1		
	Old Plat	Old Plat	Old Plat	Front Yard	Front Yard	Front Yard
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" sil 10-42" sil	(S) PS U		20" c II 0-2" t	(S) PS U	
4. Soil Structure	0-6" m 6-42" dk y	(S) PS U		0-2" t 0-2" t	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 2"	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 Raiser & Jackie Fogle (installer)
 - Plateau along old rd, good dist. Would have to lay system out to see if it would fit.
 - Front yard would be a fill-in-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) ()

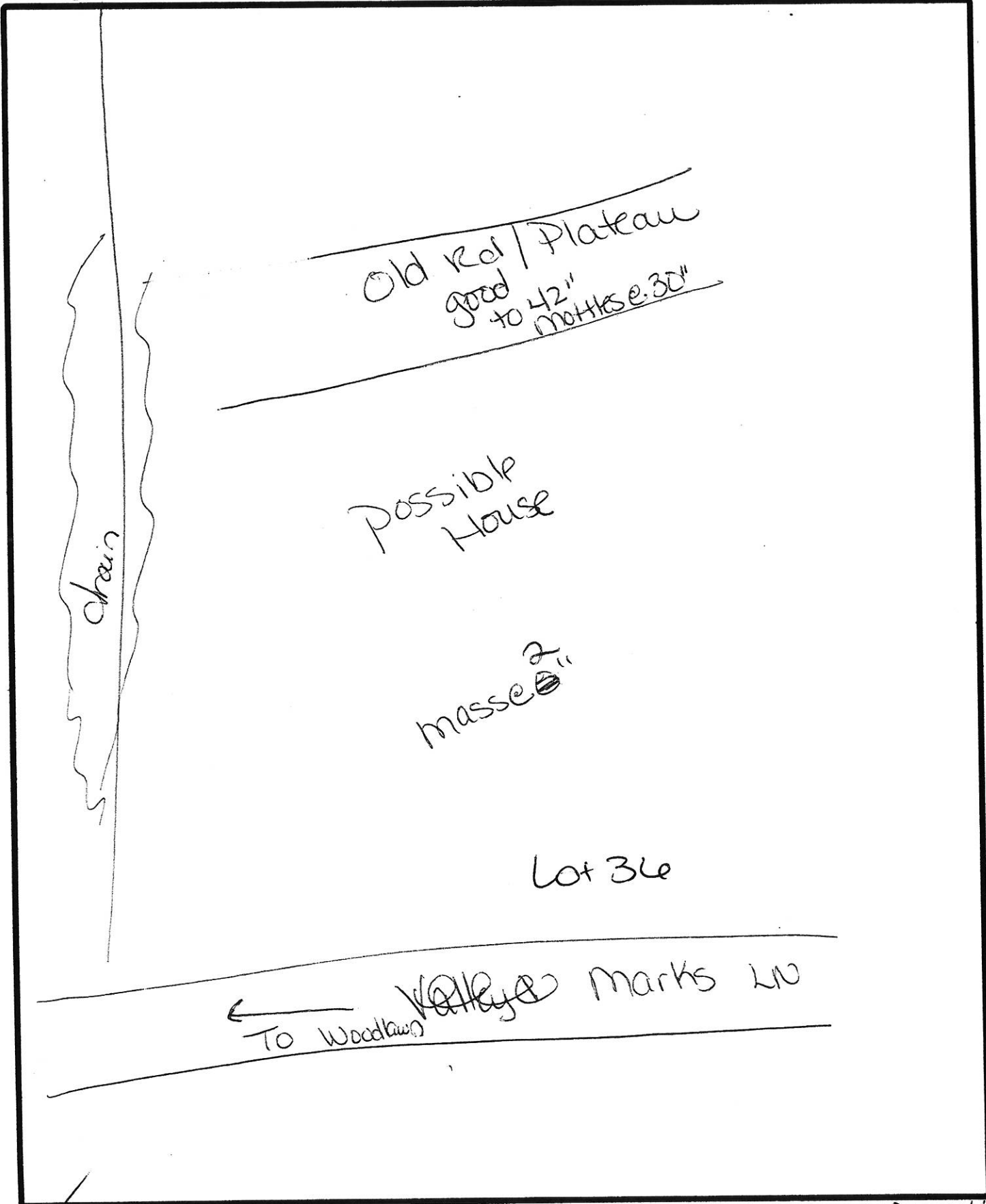
Attach copy of application and site plan. Draw in evaluation areas and designate area selected for system installation (flagged area).

12-5-16 Start _____ A.M. Bobby Miles 10287
 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



1 O S E Y R

2 O S P Y R



SITE PLAN
 PROPOSED SYSTEM
 INSTALLED SYSTEM

DATE 12-5-16
 CI 1028