

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

181961

Application No. 1-351-17

County Nelson

Owner's Name Danny Rausor

Lot Address Lot 39 marks Ln Valley View

Applicant's Name

Address 290 Wire Ln

Evaluation Factors	Proposed System Area	Alternative Area 1
1. Topography (slope %)	6% <u>side</u>	S PS U
2. Landscape Position	<u>side</u>	S PS U
3. Soil Texture and Group	<u>0-18" SICL III 18-29" SIC IV 29+ CF</u>	S PS U
4. Soil Structure	<u>0-29" biky 29+ mass</u>	S PS U
5. Internal Soil Drainage	<u>None to 42"</u>	S PS U
6. Soil Depth (in.)	<u>42</u>	S PS U
7. Restrictive Horizons (in.)	<u>mass 29"</u>	S PS U
8. Available Space	<u>2.44 acres</u>	S PS U
9. Overall Site Classification	S <u>PS</u> 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 Rausor & Jackie Fagle (installer)
- Small shelf / plateau near RT side of property
- Could probably do 11" system w/ a filter in tank
- would need house & driveway locations

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).

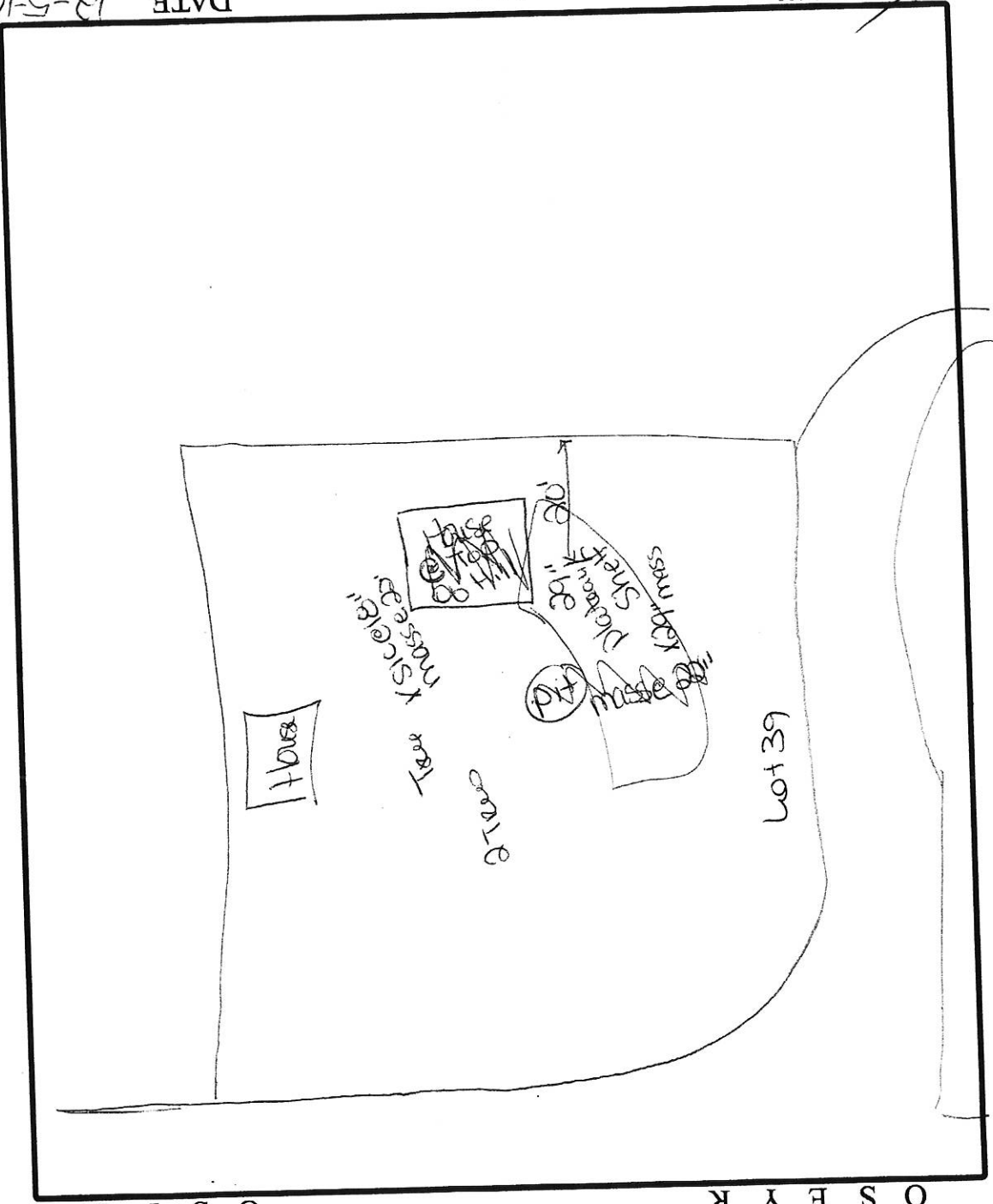
12-5-16 Start _____ A.M.
 Date Requested Time _____ P.M.
12-5-16 End _____ A.M.
 Date Completed Time _____ P.M.

Dolly Miles 10228
 Certified Inspector Cert. No.
Nelson Co
 County or District Health Department

DATE 12-5-14
CI 1028

176181

SITE PLAN
PROPOSED SYSTEM



1
O S E Y R
2
O S P Y R
Linc Trail District Health Department