

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

101101

67B

Nelson
County

1-353-17
Application No.

Owner's Name Danny Raiser

Lot Address Lot (?) Valley View Estates

Applicant's Name _____

Address (Mark's Ln) (1.75 acre tract)

Evaluation Factors	Proposed System Area	Lower plateau			Alternative Area 1	Upper plateau		
		S	PS	U		S	PS	U
1. Topography (slope %)	4-6%	S	PS	U		S	PS	U
2. Landscape Position	foot slope	S	PS	U		S	PS	U
3. Soil Texture and Group	0-9 Silty Clay IV 9-28 sct III 28-42 Silty loam III	S	PS	U	← Filled area	S	PS	U
4. Soil Structure	0-42 Blocky	S	PS	U		S	PS	U
5. Internal Soil Drainage	>42"	S	PS	U		S	PS	U
6. Soil Depth (in.)	>42"	S	PS	U		S	PS	U
7. Restrictive Horizons (in.)	>42"	S	PS	U	0" (compacted) massive	S	PS	U
8. Available Space	Careful placement of home	S	PS	U		S	PS	U
9. Overall Site Classification	S PS U	S	PS	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.
* Will need to see plan for home placement before determining sizing + depth of system. Could potentially be a conventional system or may require some fill soil.

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

[Signature] CI-319
Certified Inspector Cert. No.

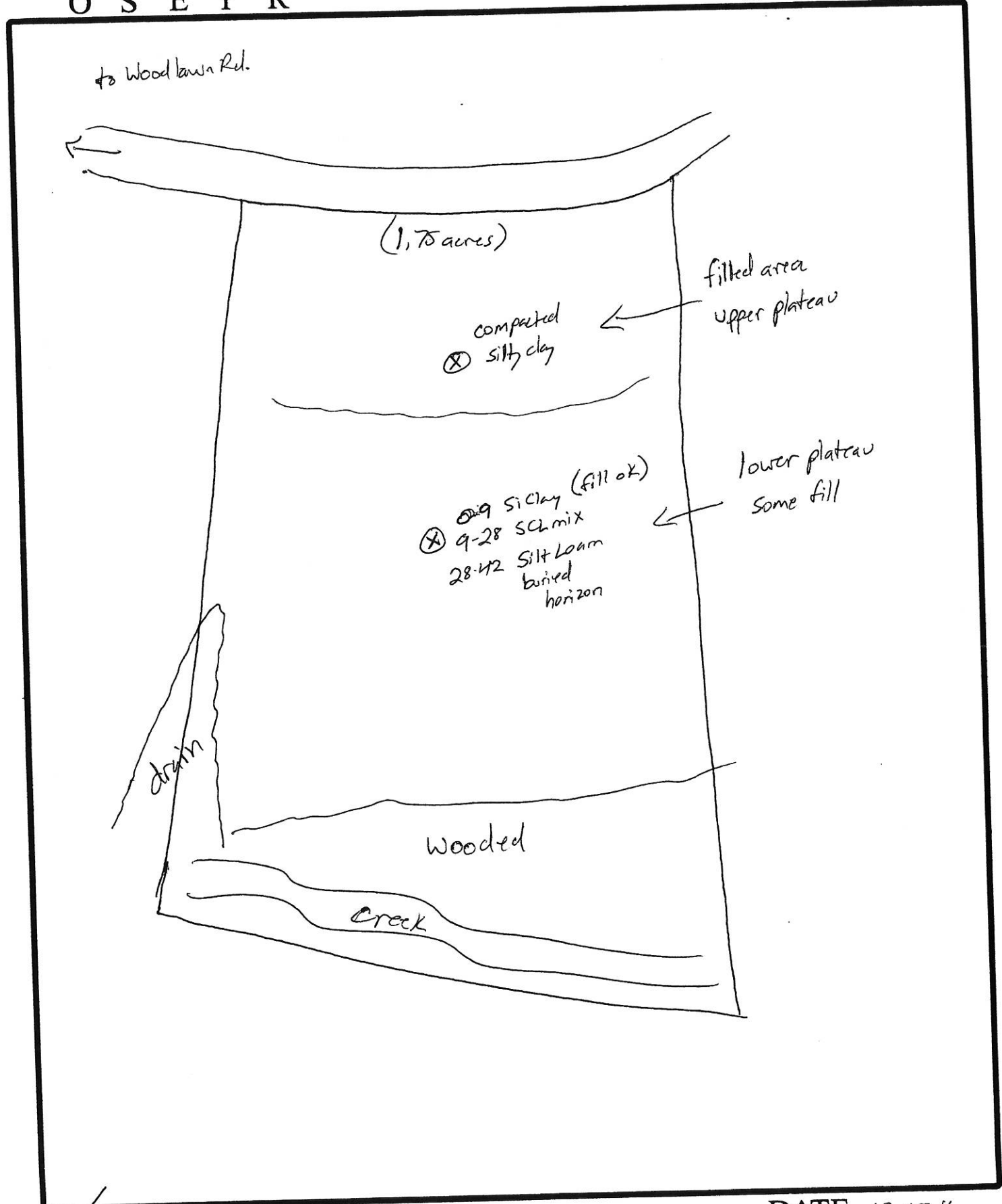
Nelson
County or District Health Department



Lincoln Trail District Health Department

1 353 17
O S E Y R

2 O S P Y R



✓ SITE PLAN
 — PROPOSED SYSTEM
 — INSTALLED SYSTEM

DATE 12-05-16
 CI 319