

CABINET FOR HEALTH SERVICES
DEPARTMENT FOR PUBLIC HEALTH
ON SITE SEWAGE DISPOSAL SYSTEMS
SITE EVALUATION

County Bullitt Application No. 645939
Owner's Name Miller Enterprises Lot Address Lot 1 Tanglewood Hills
Applicant's Name Dustin Miller Address _____

Evaluation Factors	Front of Property Proposed System Area	Back of Property Alternative Area 1
1. Topography (slope %)	4-5% S PS U	2-3% S PS U
2. Landscape Position	Side Slope Convex S PS U	Shoulder Slope Convex S PS U
3. Soil Texture and Group	0-3" s:L Group III 3-42" s:CL Group III S PS U	0-4" s:L Group III 4-22" s:CL Group III S PS U
4. Soil Structure	Blocky to 30" S PS U	Blocky to 22" S PS U
5. Internal Soil Drainage	No Mottling < Chroma 2 0-42" S PS U	No Mottles less than Chroma 2 0-42" S PS U
6. Soil Depth (in.)	42" depth S PS U	42" depth S PS U
7. Restrictive Horizons (in.)	Prismatic Pan @ 30" S PS U	Massive Clay @ 22" S PS U
8. Available Space	100% Repair S PS U	100% Repair 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: Install one 1,000gal septic tank

Option: * Install 340' of 3' wide rockbed at 12" depth with 12" of settled topsoil of Group III or better,
or
* Install 194' of 6' wide rockbed at 12" depth with 12" of settled topsoil of Group III or better,

* Alternative area:
Install one 1,000gal septic tank along with a 1,000gal Secondary pretreatment tank.
Option * Install 270' of 3' wide Leaching Chambers at 10" depth with 12" of settled topsoil of Group III or better

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 3-27-14 Start Time _____ A.M.
Date Completed _____ End Time _____ P.M.

Chad Lynch G1-720
Certified Inspector Bullitt Cert. No.
County or District Health Department

