

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

County Bullitt Application No. 645940  
Owner's Name Miller Enterprises Lot Address Lot 2, Taylorswood Hills  
Applicant's Name Dustin Miller Address 330 South Shore Dr., Shep, KY 40161

Evaluation Factors	#1	Proposed System Area	#2	#3	Alternative Area 1
1. Topography (slope %)		3% to 5%	(S) PS U		S PS U
2. Landscape Position		Convex Sideslope	(S) PS U		S PS U
3. Soil Texture and Group	S:L 0-3" III S:CL 3-42" III	S:L 0-4" III S:CL 4-36" III C 36-42" IV	(S) PS U	S:L 0-7" III S:LL 7-42" III	S PS U
4. Soil Structure	0-3" silty 3-42" silty	0-4" silty 4-36" silty 36-42" Massive	(S) PS U	0-7" III 7-42" III	S PS U
5. Internal Soil Drainage	No Mottling →		(S) PS U	→	S PS U
6. Soil Depth (in.)	> 42" →		(S) PS U	→	S PS U
7. Restrictive Horizons (in.)	None	Massive Clay At 36"	(S) PS U	None	S PS U
8. Available Space		100%	(S) PS U		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 a 1000 gallon septic tank along with the following options:
- ① Install rock lateral beds equivalent to 496' of 2' wide rock lateral trenches. Install 18" deep with enough added Group III or better topsoil to achieve 12" of settled soil over the later bed area.
- ② Install leaching chamber beds equivalent to 496' of 2' wide rock lateral trenches. Install at the same depth and added topsoil as option ① above.

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 Time \_\_\_\_\_ A.M. P.M. \_\_\_\_\_  
Date Completed 03-27-2014 End Time \_\_\_\_\_ A.M. P.M. \_\_\_\_\_  
County or District Health Department Bullitt Cert. No. 855

