

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

County Bullitt Application No. 645942  
Owner's Name Miller Enterprises Lot Address Lot 3 Tanglewood Hill  
Applicant's Name Dustin Miller Address \_\_\_\_\_

Evaluation Factors	Proposed System Area	Alternative Area 1
1. Topography (slope %)	3-4% <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S</span> PS U	S PS U
2. Landscape Position	side slope convex <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S</span> PS U	S PS U
3. Soil Texture and Group	0-5" sil Group III 5-42" sil Group III <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S</span> PS U	S PS U
4. Soil Structure	Blocky to 23" <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S</span> PS U	S PS U
5. Internal Soil Drainage	No mottling less than chroma 2 0-42" <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S</span> PS U	S PS U
6. Soil Depth (in.)	42" <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S</span> PS U	S PS U
7. Restrictive Horizons (in.)	Prismatic tan at 23" <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S</span> PS U	S PS U
8. Available Space	100% Repair <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S</span> 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 1,000 gal septic tank along with a 1,000 gal secondary pre-treatment.

Option: Install 270' of 3' wide leaching chambers at 11" depth with 12" of settled topsoil of Group III or better.

or

Install 340' of 3' wide rock bed at 11" depth with 12" of settled topsoil of Group III or better.

\*Option 2 may only be used if installation depth and slope permit.

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 61-720  
Certified Inspector Cert. No.  
Bullitt  
County or District Health Department

