

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

Bullitt
County

645944
Application No.

Owner's Name Miller Enterprises

Lot Address Lot 5, Tanglewood Hills

Applicant's Name Dustin Miller

Address 330 South Shore Dr, Shep, KY 40165

Evaluation Factors	#1	Proposed System Area	#2	#3	Alternative Area 1
1. Topography (slope %)			3% to 4%	(S) → PS U	S PS U
2. Landscape Position			Convex side slope	(S) → PS U	S PS U
3. Soil Texture and Group	S:L 0-5" III S:CL 5-42" III	S:L 0-5" III S:CL 5-42" III		S (PS) → U	S:L 0-5" III S:CL 5-42" III S PS U
4. Soil Structure	0-5" Bky 5-24" Bky 23-42" Prismatic	0-5" Bky 5-24" Bky 23-42" Prismatic		S (PS) → U	0-5" 5-30" 30-42" S PS U
5. Internal Soil Drainage			No Mottling ← Chroma 2 @ 42" →	(S) → PS U	→ S PS U
6. Soil Depth (in.)			> 42" →	(S) → PS U	→ S PS U
7. Restrictive Horizons (in.)	Prismatic Fragipan At 23"	Prismatic Fragipan At 23"		S (PS) → U	Prismatic Fragipan At 30" 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 1,000 gallon septic tank along with a 1,000 gallon secondary pretreatment tank along with one of the following options:

① Install leaching chamber beds equivalent to 486' of 2' wide rock lateral trenches. Install 11" deep with enough added Group III or better

* ② Install rock lateral beds equivalent to 486' of 2' wide rock lateral trenches. Install at the same depth and added topsoil as option ① above.

* 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).

Start _____ A.M.
Date Requested _____ Time _____ P.M.
07-27-2014 End _____ A.M.
Date Completed _____ Time _____ P.M.

D. Greg Duff 855
Certified Inspector Cert. No.
Bullitt
County or District Health Department

C57E

Approved
Proposed
Lateral
Area
71' x 65'

