

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

WOODFORD
County

06-680-085
Application No.

Owner's Name R. W. Hicks

Lot Address Lot 1 Hidden Away

Applicant's Name _____

Address _____

Evaluation Factors	Proposed System Area	Alternative Area 1
1. Topography (slope %)	10-15%	
2. Landscape Position	SIDE SLOPE CONVEX	
3. Soil Texture and Group	0-6" # SIL 6-12" # SIL	
4. Soil Structure	0-12" Blocky	
5. Internal Soil Drainage	Motts @ 10" +	
6. Soil Depth (in.)	Rock @ 12"	
7. Restrictive Horizons (in.)	12"	
8. Available Space		
9. Overall Site Classification	S PS <u>U</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:
TANK & DRAINFIELD SIZE TO BE DETERMINED.
ROCK AT 12-18"
Large Drainage ways on Lot; MUST RE-DIRECT Drainage ways
Complex Slope
* Limited space for any system
MUST stake House & Layout Drainfield for Approval.
FILL + WAIT
NOTE: ONCE HOUSE IS STAKED & SYSTEM LAYED OUT CONTACT Health Dept. to RE-CHECK LOT.

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 12-20-11 Start Time P.M.
 Date Completed _____ End Time P.M.

J. S. Smith / Randy Cowler 1859
 Certified Inspector Cert. No.
WOODFORD
 County or District Health Department