

CABINET FOR HEALTH AND FAMILY SERVICES
 DEPARTMENT FOR PUBLIC HEALTH
 ONSITE SEWAGE DISPOSAL SYSTEMS
 SITE EVALUATION

County Sessamune

Owner's Name Shirley Gyle

Lot Address

Application No. 144-260
Plot 45 parcel 1

Applicant's Name

Address

Evaluation Factors	Proposed System Area	Alternative Area 1
1. Topography (slope %)	3% - 5% S PS U	S PS U
2. Landscape Position	steepslope S PS U	S PS U
3. Soil Texture and Group	D-SS gravelly 85+ silt S PS U	S PS U
4. Soil Structure	0-42 granule S PS U	S PS U
5. Internal Soil Drainage	No mottles S PS U	S PS U
6. Soil Depth (in.)	No rock S PS U	S PS U
7. Restrictive Horizons (in.)	W/A S PS U	S PS U
8. Available Space	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:

Sized as 5 Bedrooms
1500 gpa, 1,000 gal tank in series
8-Hour equal flow D-Box
Overlays to 408' 3' leaching chamber
or 4' rock bed installed @ 24" cover
Spaced 8' apart

FILED 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.	<u>Shirley Gyle</u>	Certified Inspector	<u>Sessamune</u>	Cert. No.	<u>65094</u>
<u>5/4/94</u>	End Time	P.M.					
Date Completed		A.M.					
		P.M.					



CABINET FOR HEALTH AND FAMILY SERVICES
 DEPARTMENT FOR PUBLIC HEALTH
 ONSITE SEWAGE DISPOSAL SYSTEMS
 SITE EVALUATION

Application No. 151-26

County Salem

Owner's Name Shaverley D.D. Lot Address Box 360 part 2

Address 5301 Kendall S. Elkhorn

Applicant's Name _____

Evaluation Factors	Proposed System Area	Alternative Area 1
1. Topography (slope %)	S PS U	S PS U
2. Landscape Position	S PS U	S PS U
3. Soil Texture and Group	O-412 silt III S PS U	S PS U
4. Soil Structure	O-412 Blocky S PS U	S PS U
5. Internal Soil Drainage	/ S PS U	S PS U
6. Soil Depth (in.)	/ S PS U	S PS U
7. Restrictive Horizons (in.)	/ S PS U	S PS U
8. Available Space	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:

Installation:
S Bedroom 312 INS. Gate divided by
tree line and large easement.
1500 dia + 1,000 gal
8-Hour equalization D-box
Overflows to 405' bridge on 4' rock
bed at 24" DI cover
Setbacks - 10' from utility setbacks

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.		Certified Inspector	Cert. No.
<u>10/16/20</u>						<u>Shawn Dalton</u>	<u>050924</u>
Date Completed	End Time	A.M.		P.M.		<u>Salem</u>	
<u>5/11/24</u>							

County or District Health Department

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH
ONSITE SEWAGE DISPOSAL SYSTEMS
SITE EVALUATION

144-26

Application No.

Owner's Name Shafeyy Der. Lot Address 26132 pt 3
County Sadboorne Address 53004 Keano S. Elka

Applicant's Name

Evaluation Factors	Proposed System Area	Alternative Area 1
1. Topography (slope %)	3% S PS U	S PS U
2. Landscape Position	subscope S PS U	S PS U
3. Soil Texture and Group	0-27 sil III 27-42 sil IV 0-42 Blocky S PS U	S PS U
4. Soil Structure	S PS U	S PS U
5. Internal Soil Drainage	No mottling S PS U	S PS U
6. Soil Depth (in.)	No rock S PS U	S PS U
7. Restrictive Horizons (in.)	No cast S PS U	S PS U
8. Available Space	- 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:
5 Bedroom sizing

ISOOLite tank + 1,000 gal tank inserted
5 hole equal sized D/BOX
Overlaid to 408' 3' leading chambers
or 41' rock bed @ 24" deep w/ water
space 8'

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 _____ AM/PM _____
Date Completed _____ End Time _____ AM/PM _____
Certified Inspector Shafeyy Der. Cert. No. 65094
County or District Health Department Sadboorne



CABINET FOR HEALTH AND FAMILY SERVICES
 DEPARTMENT FOR PUBLIC HEALTH
 ONSITE SEWAGE DISPOSAL SYSTEMS
 SITE EVALUATION


Application No. 150-24

County Jessamine

Owner's Name IVD Sharkey, LLC

Lot Address 5364 Keene - S. Elkhorn

Applicant's Name _____ Address Lot 18 Court 4

Evaluation Factors	Proposed System Area	Alternative Area 1
1. Topography (slope %)	0-3%, (S) PS U	S PS U
2. Landscape Position	side slope (S) PS U	S PS U
3. Soil Texture and Group	0-19 SIL III 19-39 SIL III 39-42 SIL III (PS) U	S PS U
4. Soil Structure	granular 0-16 blocky 16-42 (PS) U	S PS U
5. Internal Soil Drainage	None to 42" (S) PS U	S PS U
6. Soil Depth (in.)	42" (S) PS U	S PS U
7. Restrictive Horizons (in.)	None to 42" (S) PS U	S PS U
8. Available Space	 (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: 1500 gal & 1000 gal tank installed in Series.
Sizing is for a 5 bedroom.

- 408' of 4ft. rock beds installed 24" deep, spaced 8ft. apart sidewalk.
- 408' of 3ft. leaching chambers installed 24" deep, spaced 8ft. apart sidewalk to sidewalk.
- ~~408' of equal flow D-Box.~~
- Setbacks: 20ft. from house, 5ft. from property lines, 10ft. off drainage & utility easements, 20ft. from pools.

Additional sizing options available on request.

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).

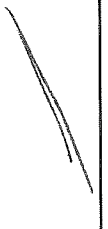
Date Requested 4-17-26 Start Time 11 AM Certified Inspector Megan Kelly Cert. No. 61817

Date Completed 5-4-26 End Time 3 PM County or District Health Department Jessamine

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH
ONSITE SEWAGE DISPOSAL SYSTEMS
SITE EVALUATION

Application No. 146-260

Owner's Name iVD Shackley, LLC Lot Address 5364 Keene-S. Elkhem
County Jessamine Applicant's Name Megan Fister Address Lot 14, Point S

Evaluation Factors	Proposed System Area	Alternative Area 1
1. Topography (slope %)	0-3%. (S) PS U	S PS U
2. Landscape Position	side slope (S) PS U	S PS U
3. Soil Texture and Group	0-20 SIL III 20-42 SICL III (PS) U	S PS U
4. Soil Structure	granular 0-20 blocky 20-42 (PS) U	S PS U
5. Internal Soil Drainage	None to 42" (S) PS U	S PS U
6. Soil Depth (in.)	42" (S) PS U	S PS U
7. Restrictive Horizons (in.)	None to 42" (S) PS U	S PS U
8. Available Space	 (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: 1500 & 1000 gal tank installed in series.
Sizing is for a 5 bedroom.

• 408' of 4ft. rock beds installed 24" deep, spaced 8ft. apart sidewalk to sidewalk.
• 408' of 3ft. leachings chambers, installed 24" deep, spaced 8ft. apart sidewalk to sidewalk.
~~• 408' of equal flow D-Box.~~

Set backs: 20ft. from house, 5ft. from property lines, 10 ft off drainage & utility easements, 20ft. from pools.
Additional sizing options available on request.

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).

4-17-26 Start 11 AM Megan Fister 61817
Date Requested Time 3 AM Certified Inspector
5-4-26 End 3 PM Cert. No.
Date Completed Time County or District Health Department

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH
ONSITE SEWAGE DISPOSAL SYSTEMS
SITE EVALUATION

Application No. 147-26

Owner's Name IVD Sharkey, LLC Lot Address 5364 Keene - S. Eldern
 Applicant's Name Megan Fisher Address Lot 25 Round 6

County Jessamine

Evaluation Factors	Proposed System Area	Alternative Area 1
1. Topography (slope %)	0-3%. (S) PS U	(S) PS U
2. Landscape Position	sideslope (S) PS U	(S) PS U
3. Soil Texture and Group	0-23 SIL III 23-42 SICL III (PS) U	(S) PS U
4. Soil Structure	granular 0-16 blocky 16-42 (PS) U	(S) PS U
5. Internal Soil Drainage	None to 42" (S) PS U	(S) PS U
6. Soil Depth (in.)	42" (S) PS U	(S) PS U
7. Restrictive Horizons (in.)	None to 42" (S) PS U	(S) PS U
8. Available Space	/ (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: 1500 gal & 1000 gal tank installed in series.
Sizing is for a 5 Bedroom.

- 408' of 4ft. rock beds installed 24" deep, spaced 8ft. apart sidewalk to sidewalk.
- 408' of 3ft. leaching chambers, installed 24" deep, spaced 8ft apart sidewalk to sidewalk
- ~~408' of equal flow D-Box.~~
- Set backs: 20ft. from house, 5ft. from property lines, 10ft. off drainage & utility easements, 20ft. from Pools

Additional sizing options available at request.

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).

4-17-26 Start 11 (AM) Certified Inspector Megan Fisher Cert. No. 61817
 Date Requested Time 3 AM County or District Health Department
5-4-26 End Time 3 PM
 Date Completed Time

CABINET FOR HEALTH AND FAMILY SERVICES
 DEPARTMENT FOR PUBLIC HEALTH
 ONSITE SEWAGE DISPOSAL SYSTEMS
 SITE EVALUATION

148-200
 Application No.

Owner's Name IVA Shenkey, LLC Lot Address 5364 Keene's Elkham
 Applicant's Name Megan Fister Address Lot 28 parcel 17

Evaluation Factors	Proposed System Area	Alternative Area 1
1. Topography (slope %)	1-3% S PS U	S PS U
2. Landscape Position	Sideslope S PS U	Street S PS U
3. Soil Texture and Group	S ₁ 0-25" III S ₁ C1 25-42" III S PS U	S PS U
4. Soil Structure	granular 0-18 blocky 18-42 S PS U	S PS U
5. Internal Soil Drainage	none to 42" S PS U	S PS U
6. Soil Depth (in.)	no rock to 42" S PS U	backyard S PS U
7. Restrictive Horizons (in.)	none to 42" S PS U	S PS U
8. Available Space	✓ 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: S Bedroom

- 1500 gallon tank plus 1000 gallon tank, d-box
- 408' of 4" wide rock beds installed at 24" deep
- or 408' of 3" wide leaching chamber installed at 24" deep
- leach lines should be spaced 8' apart side wall to side wall
- setbacks - 10' of drainage + utility easements, 30' of house with base
- 20' of pool.

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 5-4-26 Start Time _____ A.M. P.M. Certified Inspector Mickelberry/Arnes Cert. No. GL626
 Date Completed _____ End Time _____ A.M. P.M. County or District Health Department Jessamyn

CABINET FOR HEALTH AND FAMILY SERVICES
 DEPARTMENT FOR PUBLIC HEALTH
 ONSITE SEWAGE DISPOSAL SYSTEMS
 SITE EVALUATION

Application No. 148-260

County Tessamore

Owner's Name IVB Shankay LLC

Lot Address 5364 Keane's Elkhorn

Applicant's Name Megan Fister

Address lot 40 point 8

Evaluation Factors	Proposed System Area	Alternative Area 1
1. Topography (slope %)	1-4% S PS U	S PS U
2. Landscape Position	Sideslope S PS U	S PS U
3. Soil Texture and Group	S11 0-12" III S1C1 12-42" III S PS U	S PS U
4. Soil Structure	granular 0-14" blocky 14-42" S PS U	S PS U
5. Internal Soil Drainage	none to 42" S PS U	S PS U
6. Soil Depth (in.)	no rock to 42" S PS U	S PS U
7. Restrictive Horizons (in.)	none to 42" S PS U	S PS U
8. Available Space	✓ 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: 5 Bedrooms

- 1500 gallon tank plus 1000 gallon tank d-bbox
- 400' of 4' wide rock beds installed at 24" deep
- 400' of 3' wide leaching chamber installed at 24" deep
- leachlines should be spaced 8' apart sidewalk to sidewalk
- Setbacks - 10' off drainage & utility easements, 20' off house with basement, 20' off pool

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.	Certified Inspector	Cert. No.
<u>5-1-26</u>			<u>Robery Jones</u>	<u>61626</u>
Date Completed	End Time	A.M. / P.M.	County or District Health Department	
			<u>Tellmore</u>	

CABINET FOR HEALTH AND FAMILY SERVICES
 DEPARTMENT FOR PUBLIC HEALTH
 ONSITE SEWAGE DISPOSAL SYSTEMS
 SITE EVALUATION

149-26
 Application No.

Owner's Name Iva Shockey, LLC Lot Address 5364 Keenes Elk Horn
 Applicant's Name Megan Fisher Address Lot 4 Pt 10

County Tessandre

Evaluation Factors	Proposed System Area	Alternative Area 1
1. Topography (slope %)	3-5% (S) PS U	(S) PS U
2. Landscape Position	Sideslope (S) PS U	backyard (S) PS U
3. Soil Texture and Group	0-23 Sil III 23-42 Sic1 III (S) U	(S) PS U
4. Soil Structure	granular 0-18 blocky 18-42 (S) U	(S) PS U
5. Internal Soil Drainage	none (S) PS U	(S) PS U
6. Soil Depth (in.)	none to 42" (S) PS U	front (S) PS U
7. Restrictive Horizons (in.)	none to 42" (S) PS U	(S) PS U
8. Available Space	✓ (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: 5 Bedroom

1500 plus 1000 gallon septic tank in series
if needed - 1000 gallon pump tank with pump & alarm
408' of 4' wide rock beds installed at 24" deep
408' of 3' wide leaching chamber installed at 24" deep
leach lines should be spaced 8' apart sidewalk to sidewalk
5ft bucker - 10' of drainage & utility easements, 20' of house w/ th basement, add off pool

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 5-1-26 Start Time _____ A.M. _____ P.M. Certified Inspector Dorothy Arer Cert. No. 01626
 Date Completed _____ End Time _____ A.M. _____ P.M. County or District Health Department Tessandre