NEBRASKA
Good Life. Great Resources.
DEPT. OF WATER, ENERGY, AND ENVIRONMENT

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

12-014
Ver. 2/2026

Owner Name _____ Phone _____

Address _____
City State Zip

Location (Attach a sketch of the property showing test hole locations)

___ ___ _____ _____ _____ _____
¼ ¼ Section Township Range County

Lot # _____ Subdivision _____

Soil Type (Check one)

Sand ☐ Silt ☐ Clay ☐ Sandy Clay ☐ Loamy Sand ☐ Silty Clay ☐

Silty Clay Loam ☐ Sandy Loam ☐ Silt Loam ☐

Dates of Test

Start Date _____ to End Date _____, 20____

Weather Conditions

Precipitation _____ Avg. Temp _____ ^{0}F

Percolation Test Measurements and Data

Hole No.	*Hole Depth (in.)*	*Pre-saturation Period*				*Percolation Readings (last period)*					*Results*		
		Start		*End*		*Start*			*End*				
		Date (Mo./ Day)	*Time (Hr./ Min)*	*Date (Mo./ Day)*	*Time (Hr./ Min)*	*Date (Mo./ Day)*	*Time (Hr./ Min)*	*Water Level (inch)*	*Time (Hr./ Min)*	*Water Level Drop (inch)*	*Elapsed Time (minutes)*	*Drop in Water Level (inches)*	***Percolation Rate** (m ÷ l) (Minutes per inch)*

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

_____
Signature

Certificate or License #_____

Address_____

City_____ St._____ Zip_____

Phone _____

Sum of Percolation Rates = ☐

Avg. of Percolation Rates* = ☐
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.