

Onsite Wastewater Treatment System Soil Percolation Test Data Sheet

Owner Name _____ Phone _____

Address _____
City State Zip

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

1/4 1/4 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 _____ °F

Percolation Test Measurements and Data

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

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.