



# 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)

\_\_\_\_\_  
 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 \_\_\_\_\_ °F

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

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.

