



**SOIL PERCOLATION TEST & SOIL LOG DATA**

A MINIMUM OF 3 PERCOLATION TESTS ARE TO BE PERFORMED IN THE AREA PROPOSED FOR SEWAGE LEACHING. SOIL LOGS TO BE RECORDED ON THE REVERSE SIDE OF THIS FORM

OWNER'S NAME \_\_\_\_\_ APN \_\_\_\_\_  
 SITE LOCATION \_\_\_\_\_ DATE OF TEST: \_\_\_\_\_

HOLE #1 Reading # inches	Refilled To	Time	DEPTH	
			Fall In Min/In.	In/Hr
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____

HOLE #2 Reading # inches	Refilled To	Time	DEPTH	
			Fall In Min/In.	In/Hr
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____

HOLE #3 Reading # inches	Refilled To	Time	DEPTH	
			Fall In Min/In.	In/Hr
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____

HOLE #4 Reading # inches	Refilled To	Time	DEPTH	
			Fall In Min/In.	In/Hr
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____

REMARKS: \_\_\_\_\_

TEST MADE DURING RAINY SEASON GROUNDWATER CHECKING PERIOD?  YES  NO  
 PRE-SOAK METHOD \_\_\_\_\_

I CERTIFY THAT I PERFORMED THE TEST AND THE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE:

SIGNATURE: \_\_\_\_\_ LICENSE: TYPE \_\_\_\_\_ REG. NUMBER \_\_\_\_\_

SOIL LOG OVER

TEST BORING #1					
SOIL TYPE	DEPTH IN FEET		SOIL TYPE	DEPTH IN FEET	
	FROM	TO		FROM	TO
DEPTH TO GROUNDWATER _____ FEET					

TEST BORING #2					
SOIL TYPE	DEPTH IN FEET		SOIL TYPE	DEPTH IN FEET	
	FROM	TO		FROM	TO
DEPTH TO GROUNDWATER _____ FEET					

TEST BORING #3					
SOIL TYPE	DEPTH IN FEET		SOIL TYPE	DEPTH IN FEET	
	FROM	TO		FROM	TO
DEPTH TO GROUNDWATER _____ FEET					

TEST BORING #4					
SOIL TYPE	DEPTH IN FEET		SOIL TYPE	DEPTH IN FEET	
	FROM	TO		FROM	TO
DEPTH TO GROUNDWATER _____ FEET					