

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 _____	
			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 _____	
			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 _____	
			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 _____	
			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

