KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

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PERCOLATION TEST DATA LOG

COMPLETE THE FOLLOWING SHEET AND SUBMIT WITH PERCOLATION REPORT

SITE ADDRESS:_____

APN:_____ TEST PERFORMED BY:_____

TEST DATE:_____TEST HOLES WERE PRESATURATED FOR _____ HOURS

HOLE #	1				2				3			
DEPTH												
	TIME (MIN)		WATER LEVEL DROP (IN)	PERC RATE (MIN/IN)	TIME (MIN)		WATER LEVEL DROP (IN)	PERC RATE (MIN/IN)	TIME (MIN)		WATER LEVEL DROP (IN)	PERC RATE (MIN/IN)
	INITIAL	FINAL			INITIAL	FINAL			INITIAL	FINAL		

MINIMUM OF 2 TEST HOLES REQUIRED. MINIMUM OF 3 TEST PER HOLE REQUIRED. AVERAGE PERC RATE MAY BE USED IF 5 OR MORE TEST PER HOLE ARE PERFORMED OTHERWISE SLOWEST PERC RATE SHALL BE USED.

NUMBER OF TEST PER HOLE: _____

FINAL RATE TO BE USED IN DESIGN:_____ MINUTES PER INCH. SOIL TYPE | 1 | 2 | 3 | 4 | 5 |

SIGNATURE OF QUALIFIED PROFESSIONAL: _____