

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
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SIGNATURE OF QUALIFIED PROFESSIONAL: _____