

PLUMAS COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
PERCOLATION TEST REPORT FORM

I. IDENTIFICATION

Assesor's Parcel No: _____

Owner's Name: _____

Mailing Address: _____

II. PERCOLATION REPORT

Parcel Location/Address: _____

Sub Division: _____

Hole Location (Attach plot plan with Hole Location indicated)

	Hole #	Hole #	Hole #	Hole #
Avg Perc Rate (min per inch)				
Required Sq Ft per Bdrm				

1. Average diameter of hole: _____
2. Depth of hole before sand and gravel: _____
3. Date and Time presoaked: _____
4. Water Measurements: Date: _____

Hole #		Run #		Hole #		Run #		Hole #		Run #	
TIME	DEPTH TO WATER SURFACE (INCHES)	TIME	DEPTH TO WATER SURFACE (INCHES)	TIME	DEPTH TO WATER SURFACE (INCHES)	TIME	DEPTH TO WATER SURFACE (INCHES)	TIME	DEPTH TO WATER SURFACE (INCHES)	TIME	DEPTH TO WATER SURFACE (INCHES)

III. CERTIFICATION

I hereby certify that the above information is the result of a percolation test I performed in accordance with Plumas County Standard Percolation Test Procedures.

Signed: _____ License No: _____ Tel No: _____

FOR OFFICE USE ONLY

Comments: _____

Reviewed By: _____ Date: _____