

PLUMAS COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

PERCOLATION TEST REPORT FORM

I. IDENTIFICATION

Assessor'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)

1. Average diameter of hole: _____

2. Depth of hole before sand and gravel: _____

3. Date and Time presoaked: _____

4. Water Measurements: _____ Date: _____

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

Hole #	Run #	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)

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: _____