

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 # | |
|--------|---------------------------------|-------|---------------------------------|--------|---------------------------------|-------|---------------------------------|--------|---------------------------------|-------|---------------------------------|
| 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) |
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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: _____