

PERCOLATION TEST DATA

I, _____, have taken percolation tests in accordance with the procedures as required by the Douglas County Health Department. Required information is submitted as follows:

DATE OF TEST: _____

	TEST HOLE #1	TEST HOLE #2	TEST HOLE #3
1. Time when hole was completely filled with water			
2. Time when hole was refilled to 12 inches above gravel on bottom			
3. Time when test was begun with 6 inches of water above gravel on bottom			

PERCOLATION WORKSHEET

READING #	TEST HOLE #1		TEST HOLE #2		TEST HOLE #3	
	TIME (in minutes)	WATER LEVEL (in inches)	TIME (in minutes)	WATER LEVEL (in inches)	TIME (in minutes)	WATER LEVEL (in inches)
1	0		0		0	
2	30		30		30	
3	60		60		60	
4	90		90		90	
5	120		120		120	
6	150		150		150	
7	180		180		180	
8	210		210		210	
9	240		240		240	
10	270		270		270	
11	300		300		300	
12	330		330		330	
13	360		360		360	

SIGNATURE

DATE

The Health Department shall be notified prior to all percolation testing.