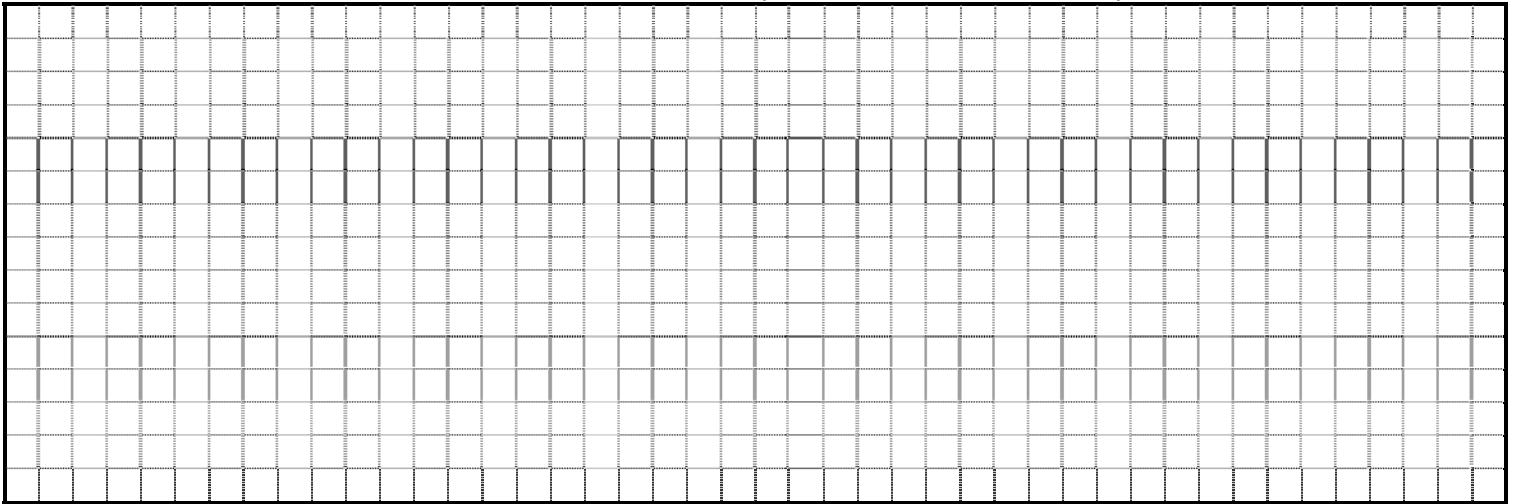


**SAN JOAQUIN COUNTY**  
**ENVIRONMENTAL HEALTH DEPARTMENT**  
 600 East Main Street, Stockton, CA 95202-3029  
**Telephone:** (209) 468-3420 **Fax:** (209) 464-0138 **Web:** www.sjgov.org/ehd

**PERCOLATION TEST RATE**

ADDRESS OR LOCATION: \_\_\_\_\_ CITY: \_\_\_\_\_  
 OWNER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 APN: \_\_\_\_\_ APPLICATION #: \_\_\_\_\_ DEPTH TO FIRST WATER: \_\_\_\_\_ Ft  
 SOIL TYPE: \_\_\_\_\_  
 REMARKS: \_\_\_\_\_

**LOCATION OF TEST HOLES (SHOW WELLS AND STRUCTURES)**



**SOIL PROFILE (IF REQUIRED)**

Depth	Soil Type	Depth	Soil Type	Depth	Soil Type	Depth	Soil Type	Depth	Soil Type

**Test Hole # 1**

Parcel: \_\_\_\_\_ Diameter: \_\_\_\_\_ in Depth: \_\_\_\_\_ in

TIME	READING	WATER DROP	REFILLED

PERCOLATION RATE: \_\_\_\_\_ min/in

RECOMMENDED SEPTIC AREA: \_\_\_\_\_

TEST PERFORMED BY: \_\_\_\_\_

TEST CERTIFIED BY: \_\_\_\_\_

OBSERVED BY (REHS): \_\_\_\_\_

**Test Hole # 2**

Parcel: \_\_\_\_\_ Diameter: \_\_\_\_\_ in Depth: \_\_\_\_\_ in

TIME	READING	WATER DROP	REFILLED

PERCOLATION RATE: \_\_\_\_\_ min/in

RECOMMENDED SEPTIC AREA: \_\_\_\_\_

Phone: \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_