

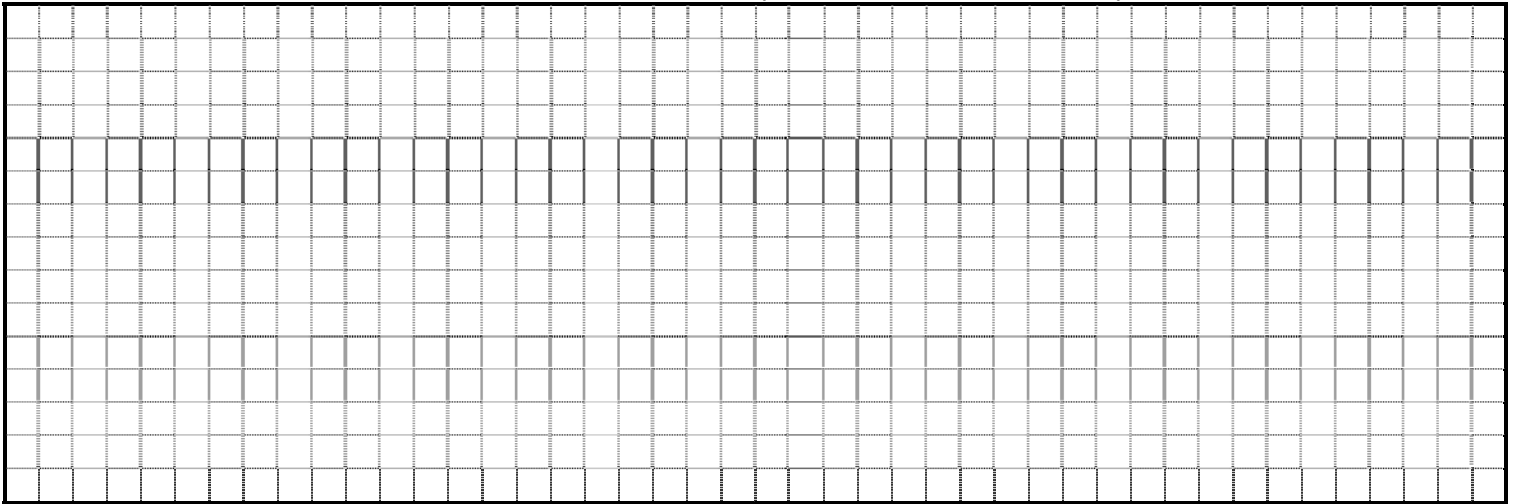


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PERCOLATION TEST RATE

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 _____