

Soils Evaluation Percolation Test Data

Commonwealth of Virginia Department of Health

Property Identification _____	Owner _____ Address _____ Phone _____	Page _____ of _____ Health Department Identification Number _____ _____ Health Department
Tax Map # _____	Required Test Time (Hrs.)	Report Results to: Name _____
Subdivision _____	Saturation Test (ST) _____	Address _____
Subdivision File # _____	Shrink Swell Test (SS) _____	Phone _____
Other _____	Percolation Test (P) _____	Fax _____
Weather _____ Temperature _____	Date of Test _____	

Hole Dia. Inches	Hole Depth	Type Test	Hole No.	Time Depth to Water	Rate Minutes Per inch	Remarks*										

<p>*Specify if water added</p> <p>Use back of form for proposed Layout, lot lines and hole locations</p>	<p>Recommendations _____ _____ _____</p> <p>_____ Signature of Environmental Health Specialist</p>	<p>Statement: These percolation tests were conducted as specified in the <i>Sewage Handling and Disposal Regulations</i> and are accurate.</p> <p>_____ Signatures of AOSE/tester/owner</p>
--	--	---