Soils Evaluation Percolation Test Data

Commonwealth of Virginia
Department of Health

Property Identification
Owner________________________________
Address________________________________
Tax Map # __________________________
Subdivision__________________________
Weather_________Temperature________

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

*Specify if water added

Use back of form for proposed Layout, lot lines and hole locations

Report Results to:
Name________________________________
Address________________________________
Phone__________________________________
Fax____________________________________

Statement: These percolation tests were conducted as specified in the Sewage Handling and Disposal Regulations and are accurate.

Signature of Environmental Health Specialist

Signatures of AOSE/tester/owner