



CARSON CITY HEALTH & HUMAN SERVICES
 900 EAST LONG STREET, CARSON CITY, NV 89706
 PHONE: 775-887-2190 FAX: 775-887-2248

Percolation Test Record Sheet

Completed By: _____ Date: _____

Observed By: _____ Date: _____

PERCOLATION TEST NUMBER ONE						SOIL DESCRIPTION	
START TIME	WATER DEPTH START	STOP TIME	WATER DEPTH STOP	TIME LAPS	DROP IN INCHES	DEPTH	SOIL TYPE

PERCOLATION TEST NUMBER TWO						SOIL DESCRIPTION	
START TIME	WATER DEPTH START	STOP TIME	WATER DEPTH STOP	TIME LAPS	DROP IN INCHES	DEPTH	SOIL TYPE

Example: Stabilized Percolation Rate = (min) ÷ (inch) = min/in. = 15 min ÷ 0.75 inch = 20 minutes/inch. Of the 4 tests which were performed use the *slowest* performance rate.

Perc Rate **Min** **Inches**

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Leach Line Calc: [(tank size) x (√ (perc rate) / 5)] / [(2) x (Effective Depth)] = ft of line