

PUTNAM COUNTY DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH SERVICES

DESIGN DATA SHEET - SUBSURFACE SEWAGE TREATMENT SYSTEM

Owner _____ Address _____

Located at (Street) _____ Tax Map _____ Block _____ Lot _____
(indicate nearest cross street)

Municipality _____ Watershed _____

SOIL PERCOLATION TEST DATA

Date of Pre-soaking _____ Date of Percolation Test _____

Hole No.	Run No.	Time Start - Stop	Elapse Time (Min.)	Depth to Water From Ground Surface (Inches)		Water Level Drop In Inches	Percolation Rate Min/Inch
				Start	Stop		
	1						
	2						
	3						
	4						
	5						
	1						
	2						
	3						
	4						
	5						
	1						
	2						
	3						
	4						
	5						

- NOTES:**
1. Tests to be repeated at same depth until approximately equal percolation rates are obtained at each percolation test hole. (i.e. ≤ 1 min for 1-30 min/inch, ≤ 2 min for 31-60 min/inch). All data to be submitted for review.
 2. Depth measurements to be made from top of hole.

TEST PIT DATA
DESCRIPTION OF SOILS ENCOUNTERED IN TEST HOLES

DEPTH	HOLE NO. _____	HOLE NO. _____	HOLE NO. _____
G.L.	_____	_____	_____
0.5'	_____	_____	_____
1.0'	_____	_____	_____
1.5'	_____	_____	_____
2.0'	_____	_____	_____
2.5'	_____	_____	_____
3.0'	_____	_____	_____
3.5'	_____	_____	_____
4.0'	_____	_____	_____
4.5'	_____	_____	_____
5.0'	_____	_____	_____
5.5'	_____	_____	_____
6.0'	_____	_____	_____
6.5'	_____	_____	_____
7.0'	_____	_____	_____
7.5'	_____	_____	_____
8.0'	_____	_____	_____
8.5'	_____	_____	_____
9.0'	_____	_____	_____
9.5'	_____	_____	_____
10.0'	_____	_____	_____
_____	_____	_____	_____

Indicate level at which groundwater is encountered _____

Indicate level at which mottling is observed _____

Indicate level to which water level rises after being encountered _____

Deep hole observations made by: _____ Date _____

Design Professional Name: _____ Address: _____

Signature: _____

Design Professional's Seal



