



**COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH
PERCOLATION TEST REPORT**

DEH Control #: _____

Date: _____

Activity Code: _____

Assessor's Parcel Number: _____ Map # _____ Lot # _____

Site Address _____ Town: _____ Zip Code: _____

Owner: _____ Phone: _____

Mailing Address: _____

Test Hole #	Test Depth	Stabilized Rate	Test Hole #	Test Depth	Stabilized Rate	Average Perc Rate

Vertical seepage pits: Provide soils log, uniformity/capacity test results, and calculations on separate 8-1/2" x 11" sheets of paper

TYPE OF SOIL: (clay, silt, sand, decomposed granite, etc.)

Surface: _____

_____ ft. below surface: _____

_____ ft. below surface: _____

_____ ft. below surface: _____

_____ ft. below surface: _____

Depth to Refusal: _____ Depth to Groundwater: _____

RECOMMENDATIONS:

Septic Tank: _____ gal Pump Chamber: _____ gal Surge Tank: _____ gal

Leach Line Length: _____ ft Seepage Pit Type: _____ Number of Pits: _____

Trench Depth: _____ ft Length: _____ ft Width: _____ ft

Rock below Pipe: _____ in Total Depth: _____ ft Cap Depth: _____ ft

Other: _____

Proposed Structure: _____

WATER SUPPLY:

Source of Potable Water: _____ Well Permit Number: _____

I have reviewed this percolation data and design of the subsurface sewage disposal system for this parcel and find the data and design to be accurate and in compliance with state and local regulations, and good engineering practice.

Registered CE, PE, Geologist, REHS: _____

Address: _____ Phone: _____ Date: _____

FOR DEPARTMENT USE ONLY

Approved: Yes ___ No ___ Date: _____ Final Map Required: Yes ___ No ___

Specialist: _____ Date: _____

Building Plan Review: _____ Date: _____

Grading Inspection: _____ Date: _____

Water Sample Analysis Results: _____ Date: _____