



Percolation Test and Soils Data

Percolation Test Form, Site Plan, and Grain Size Distribution Curve of the sample must be submitted with this form. For all lots less than five acres, the site plan must include the entire lot. Test locations must be accurately tied to lot corners or other permanent markers.

Property

Property Address: _____
City State Zip
Legal Description: _____
Property Owner: _____
Address: _____
City State Zip
Phone: _____

Saturation and Swelling

Presoak water added Date: _____ Time: _____
Amount of presoak added: _____ gallons
Percolation test started Date: _____ Time: _____
Did the water remain in the hole after the overnight swelling period:
Hole 1: [] Yes [] No Hole 4: [] Yes [] No
Hole 2: [] Yes [] No Hole 5: [] Yes [] No
Hole 3: [] Yes [] No Hole 6: [] Yes [] No
Percolation Rate Measure:
Hole 1: _____ Hole 4: _____
Hole 2: _____ Hole 5: _____
Hole 3: _____ Hole 6: _____
Average: _____

Groundwater

Was groundwater encountered? [] Yes, the depth was _____ feet [] No
Estimated depth to maximum seasonal water table, if not encountered in profile: _____
Is the area believed to be subject to seasonal fluctuations, which could result in a seasonal water table within eight feet of surface? [] Yes [] No
Slope determination in absorption area: _____ percent to the _____ Direction

Bedrock

Was bedrock encountered? No Yes, bedrock encountered at _____ feet.

Type of bedrock, if present: Sandstone Claystone Siltstone Other: _____

Was the bedrock fractured or weathered, if present: No Yes

Profile Hole Information

 Soils must use Unified System Classification System: ASTM D2487

0
1
2
3
4
5
6
7
8
9
10

Profile Hole Log

Blow counts at depth of bed: _____

PL: _____

LL: _____

P1: _____

Certification

I certify that the above information is correct and complete to the best of my knowledge and that all tests were performed in accordance with the provisions of the City and County of Broomfield On-site Wastewater Treatment System Regulation Board of Health resolution number 2018-84-BH. I certify that I have all the competencies needed in accordance with Section 8.12 B.

Original Signature

Date

Company Name

Address

Phone



Original Seal