



BOULDER COUNTY PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION

PERCOLATION TEST FORM

PROPERTY OWNER: _____

PROPERTY LOCATION: _____

PROPERTY LEGAL DESCRIPTION: _____

SOIL DESCRIPTION: _____

Test Hole ID Number:

Diameter of Hole:

Depth of Hole:

Date Hole Excavated:

Soil Surface Scarified:

Date/Time of Presoak:

Amount of Presoak Water:

Date of Perc Test:

Perc Test Start and End Times:

Time	Length of Interval (min)	Water Depth at Interval Start (inches)	Water Depth at Interval End (inches)	Drop in Water Level Water Level (inches)
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Percolation Rate at Final Interval (minutes/inch): _____

RPE: