



Percolation Test and Soil Evaluation Results Form

Test Requested By: _____ Date: _____ Tax ID # _____

Property Address: _____ Subdivision: _____

Lot# _____ Soak Start Date/Time: _____ Soak End Time: _____

Percolation results shall be valid for two years from date of test. Percolation tests shall be performed according to Appendix D of R317-4. Summit County Requires a minimum of 4 measurements. Measurements must be 30 min apart unless 6 inches of water seeps away in less than 30 minutes then measurements can be taken at 15 min intervals.

Start Time	Measurement	End Time	Measurement	Change in level	Perc Rate min/inch

Final Stabilized Percolation Rate: _____ min/inch. Depth of water table: _____ ft.

Depth of highest anticipated groundwater _____ ft. Depth to bedrock _____ ft.

Soil Evaluation

Depth	Soil Type

By Signing this Document I am stating that the perc test was completed in accordance to R317-4 Utah Onsite Wastewater Systems.

Print Name: _____ Certification # _____

Signature of Certified Tester: _____

E-mail Address: _____ Phone # _____

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