



**PUTNAM COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**

DESIGN DATA SHEET – SUBSURFACE SEWAGE TREATMENT SYSTEM

Owner: _____ **Address:** _____

Located at (street): _____ **TM #** _____

Municipality: _____ **Watershed:** _____

SOIL PERCOLATION TEST DATA

Date of Pre-soaking: _____ **Witnessed by:** _____
Date of Percolation Test: _____

Hole No.	Hole depth (Inches)	Run No.	Time Start – Stop	Elapse Time (min.)	Depth to water from ground surface (inches) Start - Stop	Water level drop in inches	Percolation Rate min/inch
		1					
		2					
		3					
		4					
		5					
		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 # _____				
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