



**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:** \_\_\_\_\_

<b>Hole No.</b>	<b>Hole depth (Inches)</b>	<b>Run No.</b>	<b>Time Start – Stop</b>	<b>Elapse Time (min.)</b>	<b>Depth to water from ground surface (inches) Start - Stop</b>	<b>Water level drop in inches</b>	<b>Percolation Rate min/inch</b>
		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.,  $\leq 1$  min for 1-30 min/inch,  $\leq 2$  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**