

STATE OF NEVADA  
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
 COMMUNITY SERVICES  
 ENVIRONMENTAL HEALTH SECTION  
[www.dpbh.nv.gov](http://www.dpbh.nv.gov)



**APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM  
 PERCOLATION TEST DATA**

**Please reference Nevada Administrative Code 444.7962-444.7972 for complete instructions**

**Test Pit # \_\_\_\_\_ Hole # \_\_\_\_\_**

|   |                |                   |               |              |
|---|----------------|-------------------|---------------|--------------|
| Depth from Native Ground Surface that Percolation Test was conducted: |                |                   |               |              |
| Presoak Start Time:   |                | Presoak End Time: |               | Total Hours: |
| TIME  | DEPTH TO WATER | INTERVAL          | DROP OF WATER | MIN/INCH     |
|   |                |                   |               |              |
|   |                |                   |               |              |
|   |                |                   |               |              |
|   |                |                   |               |              |
|   |                |                   |               |              |
|   |                |                   |               |              |
|   |                |                   |               |              |
|   |                |                   |               |              |

Percolation Rate: \_\_\_\_\_ Minutes per inch

**Test Pit # \_\_\_\_\_ Hole # \_\_\_\_\_**

|   |                |                   |               |              |
|---|----------------|-------------------|---------------|--------------|
| Depth from Native Ground Surface that Percolation Test was conducted: |                |                   |               |              |
| Presoak Start Time:   |                | Presoak End Time: |               | Total Hours: |
| TIME  | DEPTH TO WATER | INTERVAL          | DROP OF WATER | MIN/INCH     |
|   |                |                   |               |              |
|   |                |                   |               |              |
|   |                |                   |               |              |
|   |                |                   |               |              |
|   |                |                   |               |              |
|   |                |                   |               |              |
|   |                |                   |               |              |
|   |                |                   |               |              |

Percolation Rate: \_\_\_\_\_ Minutes per inch

*I certify that I am the legal owner of the property or an authorized representative of the property owner and that the information on this application is true and correct.*

|                             |            |      |
|-----------------------------|------------|------|
|                             |            |      |
| Signature of Representative | Print Name | Date |