

STATE OF NEVADA
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 ENVIRONMENTAL HEALTH SECTION
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
 Complete this form for each test hole. Minimum of 2 tests required.
 Tests must be at the depth of the absorptive area of the trench sidewalls.**

Test Pit # _____		Hole # _____			
Depth to the bottom of the test hole from the ground surface:		_____ feet	Diameter:	_____ inches	
Time taken for 12 inches of water to seep away:		1 st :	_____ minutes	2 nd :	_____ minutes
Test conducted:	<input type="checkbox"/> Fast Perc Test				
	<input type="checkbox"/> Slow Perc Test	Presoak Start time/date:		_____	
		Presoak End time/date:		_____	
		Time hole sat following presoak:		_____ hours	
TIME	DEPTH OF WATER (inches)	INTERVAL (minutes)	DROP OF WATER (inches)	MIN/INCH	
<i>START DATE & TIME:</i>		Start Test	Start Test	Start Test	
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