



STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES
 ONSITE WASTEWATER TREATMENT PROGRAM
PERCOLATION TEST RESULTS

Property Owner _____	Site Address _____
Depth of Hole _____ inches	Test Hole Location _____
Diameter of Hole _____ inches	Date Holes Were Prepared _____
Depth to Restrictive Layer _____	Time Holes Were Initially Filled _____ am/pm
Type of Restrictive Layer _____	Date Test Performed _____
% Chert _____	Time Test Was Started _____ am/pm
Name of Tester _____	Tester ID No. _____

Test Hole 1

Time	Interval (minutes)	Water Drop (fraction)	Water Drop (decimal)	Perc Rate

Test Hole 3

Test Hole 2

Time	Interval (minutes)	Water Drop (fraction)	Water Drop (decimal)	Perc Rate

Test Hole 4



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Time	Interval (minutes)	Water Drop (fraction)	Water Drop (decimal)	Perc Rate

Time	Interval (minutes)	Water Drop (fraction)	Water Drop (decimal)	Perc Rate

Show all calculations and diagrams of test hole locations on the back of this form.

CALCULATIONS

DIAGRAM OF TEST HOLE LOCATIONS

1. Locate building or proposed building site.
2. Locate all test holes with distances from the building.
3. Locate any existing well and neighbor's well.
4. Locate property lines and all setback requirements.
5. Locate geological and topographical features.
6. Give slope and show direction of slope.



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[Empty rectangular box for test results]

SIGNATURE: _____

PERCOLATION TESTER ID#: _____