

COUNTY OF SISKIYOU
COMMUNITY DEVELOPMENT DEPARTMENT – Environmental Health Division

Vacant
Director

806 South Main Street
Yreka, CA 96097-3321
TELEPHONE (530) 841-2100
Fax (530) 841-4076

Rick Dean
Deputy Director

PERCOLATION TEST METHOD

1. Dig each hole thirty-six inches deep in the area where leach lines are to be installed. The diameter of holes should be between six and twelve inches. The number of holes required is determined by the Department.
2. Presoak holes before test by filling with water. Holes should soak overnight.
3. The holes are ready after presoaking. Check holes to see that they are still at least thirty-six inches deep. Clean to that depth if necessary. Remove silt and sediment. Scar the sides and bottom of the holes.
4. Pour water into the holes until water level is approximately twelve inches above bottom of holes. Be careful to avoid washing sides of holes.
5. Place a small board across top of holes. Make a reference point on the board over the center of the holes so that all measurements will be from the same point.
6. With yardstick or still measuring tape, measure the distance from the top of the board to the surface of the water.
7. Record this measurement and the time it was taken on percolation test forms provided. Continue measuring the distance to the water surface every thirty minutes for distance to the water surface, every thirty minutes for four hours and record time and distance.

Example:	<u>Distance to Water Surface</u>	<u>Time of Measurement</u>
	24 1/8 inches	1:00 p.m.
	24 1/8 inches	1:30 p.m.
	25 inches	2:00 p.m.

8. Should the water disappear between measurements, refill the hole with twelve inches of water and continue the test. Be sure to record time of refill and distance to water surface.

Example:	<u>Distance to Water Surface</u>	<u>Time of Measurement</u>
	33 inches	9:15 a.m.
	Dry	9:30 a.m.
	24 inches	9:35 a.m.
	26 inches	10:05 a.m.
	28 inches	10:35 a.m.

PERCOLATION TEST FORM

Perc Test Hole # _____

Note: The perc test location on the back of this form by its number.

Name _____ Date _____

Test Hole Location _____
(Assessor Parcel No.)

DEPTH OF HOLE _____ DIAMETER OF HOLE _____

WATER TABLE ENCOUNTERED YES _____ NO _____

*TIME	DISTANCE TO WATER SURFACE	WATER LEVEL DIFFERENCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

File # _____

Rate _____ Min/Inch
(Health Dept. use only)

Signature: _____

*Note: Readings must be taken at 30 minute intervals unless directed to do otherwise.

