DUTCHESS COUNTY DEPARTMENT OF HEALTH

P E R C O L A T I O N T E S T D A T A

Name: _____ (T)(V)(C) _____ Date: _____

TAX GRID #

By: _____ DCHD Inspector _____

Lot No.	Test Hole No.	Test Hole Depth	Soil Type	Soaked	TEST RUNS					
					*	1	2	3	4	5
					Finish					
					Start					
					Time					
					Finish					
					Start					
					Time					
					Finish					
					Start					
					Time					
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					Start					
					Time					
					Finish					
					Start					
					Time					
					Finish					
					Start					
					Time					

I, _____, the undersigned, certify that these percolation tests were done by myself or under my direction according to the standard procedure. The data and results presented are true and correct.

Dated: _____ Signature: _____

License No. (P.E.)(L.S.) _____

HD-184