

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
 Bureau of Environmental Quality
 25 Moore Ave
 Mount Kisco, NY 10549

DESIGN DATA SHEET – SEPARATE SEWAGE SYSTEM FILE NO. _____

Owner _____ Address _____

Located at (Street) _____ Sec. _____ Block _____ Lot _____
(Indicate nearest cross street)

Municipality _____ Watershed _____

SOIL PERCOLATION TEST DATA REQUIRED TO BE SUBMITTED WITH PPLICATION

Presoak Date: _____ Run Date: _____

| Hole # | CLOCK TIME | | | | PERCOLATION | | | |
|-------------|------------|-------|------|------------------|------------------------------------|-------------|----------------------------|-----------------------|
| Hole Number | Run No. | Start | Stop | Elapse Time Min. | Depth to Water From Ground Surface | | Water Level Drop In Inches | Soil Rate Min/in Drop |
| | | | | | Start Inches | Stop Inches | | |
| | 1 | | | | | | | |
| | 2 | | | | | | | |
| | 3 | | | | | | | |
| | 4 | | | | | | | |
| | 5 | | | | | | | |
| | 1 | | | | | | | |
| | 2 | | | | | | | |
| | 3 | | | | | | | |
| | 4 | | | | | | | |
| | 5 | | | | | | | |
| | 1 | | | | | | | |
| | 2 | | | | | | | |
| | 3 | | | | | | | |
| | 4 | | | | | | | |
| | 5 | | | | | | | |

Perc test done by: _____

Notes:

1. Tests to be repeated at same depth until approximately equal soil rates are obtained at each percolation test hole. All data to be submitted for review.
2. Depth measurements to be made from top of hole. DO NOT REPORT INCREMENTS OF LESS THAN ONE INCH.

**TEST PIT DATA REQUIRED TO BE SUBMITTED WITH APPLICATION
DESCRIPTION OF SOILS ENCOUNTERED IN TEST HOLES**

| DEPTH G.L. | HOLE NO. _____ | HOLE NO. _____ | HOLE NO. _____ | HOLE NO. _____ |
|---------------|----------------|----------------|----------------|----------------|
| 6" | _____ | _____ | _____ | _____ |
| 12" | _____ | _____ | _____ | _____ |
| 18" | _____ | _____ | _____ | _____ |
| 24" | _____ | _____ | _____ | _____ |
| 30" | _____ | _____ | _____ | _____ |
| 36" | _____ | _____ | _____ | _____ |
| 42" | _____ | _____ | _____ | _____ |
| 48" | _____ | _____ | _____ | _____ |
| 54" | _____ | _____ | _____ | _____ |
| 60" | _____ | _____ | _____ | _____ |
| 66" | _____ | _____ | _____ | _____ |
| 72" | _____ | _____ | _____ | _____ |
| 78" | _____ | _____ | _____ | _____ |
| 84" | _____ | _____ | _____ | _____ |

WAS GROUNDWATER ENCOUNTERED _____
 INDICATE LEVEL AT WHICH GROUND WATER IS ENCOUNTERED _____
 INDICATED LEVEL FOR WHICH WATER LEVEL RISES AFTER BEING ENCOUNTERED _____
 DEEPEST MADE BY _____ DATE OF DEEP TESTS _____

DESIGN

Soil Rate Used _____ Min/1" Drop: _____ S.D. Usable Area Provided _____

No. of Bedrooms _____ Septic Tank Capacity _____ Gals. Masonry _____ Metal _____

Absorption Area Prov. by _____ L.F. x 24" _____ width trench. Other _____

Name _____ Signature _____

Address _____ Seal _____

Westchester County Health Department

Soil Rate Approved _____ Sq. Ft./Gal _____ Checked by _____