

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 APPLICATION

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: _____
 WCDOH Personnel present: _____

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? YES/NO

INDICATE LEVEL AT WHICH GROUND WATER IS ENCOUNTERED _____ Ft/In

INDICATED LEVEL FOR WHICH WATER LEVEL RISES AFTER BEING ENCOUNTERED _____ Ft/In

DEEP TEST MADE BY _____ DATE OF DEEP TESTS _____

WCDOH PERSONNEL PRESENT: _____

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 _____

S.D. 27.6

1/22