

UTAH COUNTY HEALTH DEPARTMENT
Division of Environmental Health ● 151 S University Ave, Suite 2600 ● Provo UT 84601
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APPLICATION FOR
PERCOLATION TEST/SOIL EXPLORATION
Information For Individual Wastewater Disposal System

Owner/Facility Name _____ Application Date _____ Filed In: _____
File No. _____
Tax ID No. _____

Property Address _____ County Area or City _____

Subdivision _____ Plat _____ Lot No. _____

Current Address _____ City _____ Zip _____ Phone No. _____

Residence No. Of Bedrooms _____ Basement Yes No No. Bsmt Bdrms _____ No. Bdrms Sized For _____

Non-Residential Facility Type _____

Estimated Quantity of Domestic Wastewater (Gals./Day) _____

PERCOLATION TEST/SOIL EXPLORATION

Health Inspector *(Print)* _____ Test Date _____

Person Performing Test *(Print)* _____ Phone No. _____

Saturation Time _____ Time interval Used For Test _____ Hole Width _____

Test Hole Depth From Surface _____ ft. _____ in. Inches Drop _____ Percolation Rate (min/inch) _____

Thickness of Each Stratum

Ground Surface _____ to _____

_____ to _____

_____ to _____

_____ to _____

System Specification: _____

Comments _____

Amount Paid \$ _____

Payment Date _____

Cash

Check
Credit/Debit

Received By _____

W