

# TOWN OF NORTON BOARD OF HEALTH PERCOLATION TEST LOG

DEEP HOLE #:	NAME: _____	STREET: _____
	PHONE #: _____	MAP/PLOT: _____
	DATE: _____	REPAIR: _____ NEW: _____

PERFORMED BY: _____	POLE NO: _____
WITNESSED BY: _____	DEPTH TO BEDROCK: > _____ Feet

SURFACE STONES: \_\_\_\_\_ VEGETATION: \_\_\_\_\_ LAND USE: \_\_\_\_\_

DEEP OBSERVATION HOLE LOG						
Deep Hole #	Depth from Surface (inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling* (inches)	Other (Structure, Stones, Consistency, % Gravel)
<b>A</b>						
<b>B</b>						

## DISTANCES FROM:

Hole #	A	B	
Open Water Body			feet
Possible Wet Area			feet
Drinking Water Well			feet
Drainageway			feet
Property Line			feet
Other (specify)			

## DEPTH TO GROUND WATER:

Hole #	A	B	inches
Standing Water in Hole			inches
Weeping from Pit Face			inches
Est. High Ground Water			inches

## \*MOTTLING:

Abundance      Size      Contrast  
**f**=few      **1**=fine      **f**=faint  
**c**=common      **2**=medium      **d**=distinct  
**m**=many      **3**=coarse      **p**=prominent

PERCOLATION TEST		
Hole #	A	B
Depth of Perc (inches)		
Start Pre-soak		
<b>TIME:</b> at 12"		
at 9"		
at 6"		
for 9"-6" (min)		
<b>RATE (Min/Inch)</b>		

I certify that I have passed the examination approved by the D.E.P. and that the above analysis has been performed by me consistent with the required training, expertise, and experience described in 310 CMR 15.018 (2)

Check # \_\_\_\_\_

Amt \_\_\_\_\_

\_\_\_\_\_  
Signature Soil Evaluator

\_\_\_\_\_  
Board of Health Agent