BROOMFIELD HEALTH & HUMAN SERVICES
PUBLIC HEALTH & ENVIRONMENT DIVISION
Environmental Health Office
Individual Sewage Disposal Systems

6 Garden Center
Broomfield, CO 80020
720-887-2220
720-887-2229 (Fax)

PERCOLATION TEST AND SOILS DATA FORM

Property Address: _____

Legal Description: _____

Property Owner:

Name: _____

Address: _____

Phone: _____

Note:

- **Percolation Test Form, Site Plan and Grain Size Distribution Curve of the Sample must be submitted with this form.**
- **For all lots < 5 acres the site plan must include the entire lot. Test locations must be accurately tied to lot corners or other permanent markers.**

Saturation and Swelling

Date and time presoak water added:

_____

Amount of presoak added (gallons):

_____

Date and time percolation test is started:

_____

Did water remain in hole after the overnight swelling period:

Hole 1 ☐ Yes ☐ No Hole 4 ☐ Yes ☐ No

Hole 2 ☐ Yes ☐ No Hole 5 ☐ Yes ☐ No

Hole 3 ☐ Yes ☐ No Hole 6 ☐ Yes ☐ No

Percolation Rate Measure:

Hole 1 _____ Hole 4 _____

Hole 2 _____ Hole 5 _____

Hole 3 _____ Hole 6 _____

Average _____

Groundwater

Groundwater Encountered: ☐ Yes ☐ No

If yes, at what depth: _____ feet

Estimated depth to maximum seasonal water table if not encountered in profile: _____
Is area believed to be subject to seasonal fluctuations which could result in a seasonal water table within 8 feet of surface?

☐ Yes ☐ No

Slope determination in absorption area: _____ %
to the _____ (direction)

Bedrock

Bed rock Encountered: ☐ Yes ☐ No

If yes, bedrock encountered at _____ feet
Type of bedrock (if present):

☐ Sandstone ☐ Claystone ☐ Siltstone

☐ Other: _____

If present is bedrock fractured or weathered:
☐ Yes ☐ No