

WASATCH COUNTY HEALTH DEPARTMENT

Percolation Test Certificate and Soil Exploration Results

This information is required for determining soil suitability for Individual Wastewater Disposal Systems

Tax ID Number: 00-0003-6785

Date: 5/12/2021

Subdivision Name: Timber Lakes

Lot Number: 1442

Property Owner Name: _____

Phone: _____

Property Address: 1870 S Beaver Bench Rd, Heber City

I certify that the percolation tests have been conducted on the above property, in accordance with requirements specified in R317-4. Onsite Wastewater Systems rule and Wasatch County Health Department Rules, and that the percolation rates, calculated as specified by said rules, are as follows:

Test Hole No.	Test Hole Depth (from existing grade to top of hole)	Saturation Period Hrs. & Min.	Swelling Period Hrs. & Min.	Inches Drop final 30 min.	Final Stabilized Perc. Rate Minutes per inch
<u>1</u>	<u>2'</u>	<u>4 hr</u>	<u>21 hr</u>	<u>5 1/16"</u>	<u>96</u> min/in
_____	_____	_____	_____	_____	_____ min/in
_____	_____	_____	_____	_____	_____ min/in

Statement of soil conditions obtained from soil explorations to a depth of 10 feet. In the event that the absorption system will be deeper than 6 feet, soil explorations must extend to a depth of at least 4 feet below the bottom of the proposed absorption field, seepage trench or absorption bed. A descriptive log of each exploration pit must be given, based on the USDA Soil Classification System:

Log of Soil Condition

Soil Description

Ground surface to 12"
12" to 24"
24" to 84"
_____ to _____
_____ to _____

topsoil - dark, dry, organic
sandy clay loam - medium stiff, dry
sandy loam - medium dense to dense, dry
end @ bedrock @ 7 1/2 feet

Date of Soil exploration(s) conducted: 5/11/2021

Statement of present and maximum anticipated ground water table throughout the property and area of the proposed individual wastewater system: > 7 feet (Bedrock) N/A

Date ground water table determined: 5/12/2021

I hereby certify that to the best of my knowledge, the foregoing information is correct.

Date: 5/12/2021

Signed: Toney Coppe

Name of Perc Tester: RACHEL ANDERSON

Address: 50 E. 100 S. Heber City, UT 84032
EPIC ENG.

Fee Collected ()

Note: Unsigned test certificates will not be accepted.

WASATCH COUNTY HEALTH DEPARTMENT

Record Sheet for Conducting Soil Percolation Tests

Name of Property Owner: _____ Date: 5/12/2021

Location of Property: 1870 S Beaver Bench Rd, Helper City

Name of Person Conducting Test: RACHEL ANDERSON FOR: TORREY COPPER-EPIC

Total Depth of Test (from ground surface): 2' Hole width: 12"

Depth to Water Table: N/A Saturation Period: 4 hr Swelling Period: 21 hrs

Measurement interval 30 min ~~A~~

Percolation test no. 1

Initial Depth	Beginning Time	Final Depth	Ending Time	Distance drop (in)	Elapsed Time (min)	Perc rate min/in
1. $1\frac{3}{4}"$	7:30	$2\frac{7}{16}"$	8:00	$\frac{11}{16}"$	30	43.6
2. $1\frac{9}{16}"$	8:03	$2\frac{1}{16}"$	8:33	$\frac{6}{16}"$	30	80
3. $1\frac{12}{16}"$	8:33	$2\frac{1}{16}"$	9:03	$\frac{5}{16}"$	30	96
4. $1\frac{6}{16}"$	9:05	$1\frac{11}{16}"$	9:35	$\frac{5}{16}"$	30	96
5.						
6.						
7.						
8.						

Final Stabilized Rate 96 min/in

Notes:



Note: This is a work sheet only! A signed Percolation Test Certificate must be provided to the health department.