

Appendix 2: Forms



Attachments follow

1. Site Information

Owner Name
Mailing Address (P.O. Box) Village
Island State MP Zip Code
Contact person (if different from owner.) Phone / fax number (note if cell)

2. Facility / Development Information

Facility will include: (check which apply)
On-site wastewater system
Stormwater / erosion control
Number of systems:
Number of basins/infiltrators:

Project Name (if applicable) Project type (e.g., residence, auto shop, restaurant)

3. Summary of Percolation Test Results

Field Results:

Table with 2 columns: For on-site wastewater systems and For stormwater / erosion control. Rows include test pit numbers (OS1-OS6, SW1-SW6) and final measured rates (in./hr.).

Recommended Design Rate(s):

leach field no.: 1. 2. Reason selected: single test average lowest
infiltrator/basin no.: 1. 2. Reason selected: single test average lowest

4. Certification

Test Performed by: (print & signature) DEQ Percolation Tester Certification Number

Witnessed by: (name of DEQ inspector)

Large empty rectangular area for drawing a location map.



LOCATION MAP

(SKETCH)

Owner: _____.

Project Name: _____.

Blank area for drawing the lot diagram.



LOT DIAGRAM

(SKETCH)

Owner: _____.

Project Name: _____.



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DEEP OBSERVATION PIT
Soil Profile Description

**TEST PIT
NUMBER:** _____

_____ Date of observation

Complete & attach one form for each deep observation pit

DEQ form version 7.19.07

1. Project Information

Owner _____

Hole depth: _____
(total – in feet, inches)

Project Name / Type _____ Island / village _____

2. Soil Profile Description

Soil Horizon/ Layer	Depth (in.)	Color (moist – Munsell)	Soil Texture (USDA)	Soil Structure		Redoximorphic features (mottles)			Other
				shape	grade	depth	color	percent	

3. Restrictions

Groundwater found? yes shallowest depth (ft.): _____ Evidence: direct observation saturated soil redoximorphic features Comments: _____
 no

Restrictive Horizons? yes shallowest depth (ft.): _____ Describe: _____
 no

3. Certification

Test Performed by: (print & signature) _____

DEQ Percolation Tester Certification Number _____



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PERCOLATION TEST REPORT
Test Pit Results

Complete & attach one form for each percolation test, along with copy of original level measurement sheet

TEST PIT NUMBER: _____ Examples: "OS1" for on-site wastewater system; "SW1" for stormwater infiltrators	_____ Date of measurement
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1. Project Information

Owner Name _____

Project Name / Type _____ Island, Village _____

2. Test Pit Description

Hole Dimensions

Pre-soaking data:

Diameter: (in.) _____ Start time / date: _____

Bottom Depth: (in.) _____ Volume absorbed (gal.): _____

Soil Description: (brief – see detailed soil profile log from deep observation pit)

Depth (in. to in.)	Soil texture or description (e.g., silty clay loam, limestone)	Color

2. Percolation Test Data

Start time / date: _____

**** Enter final six measurements only****

Interval No.	Drop (in.)		Time Interval (min.)
	fractions (e.g., 1 5/16 th)	decimal (e.g., 1.3125")	
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

3. Final Rate Calculation

$$\frac{\text{final drop: } \underline{\hspace{2cm}} \text{ (in.)}}{\text{time: } \underline{\hspace{2cm}} \text{ (min.)}} \times \frac{60 \text{ min.}}{1 \text{ hr.}} = \underline{\hspace{2cm}} \text{ in./hr.}$$

3. Certification

Test Performed by: (print & signature) _____ DEQ Percolation Tester Certification Number _____

Witnessed by: (DEQ inspector signature & date) _____

