Appendix 2: Forms



## PERCOLATION TEST DEQ Notification Form

Fax to:	664-8540	433-3169	532-3103
	(Saipan)	(Tinian)	(Rota)

Or deliver by hand to: DEQ office on island where test is located

1. Site Location Diagram (sketch map and/or directions)

2. Estimated Scheon Pre-soaking will begin:	dule:	Percolation test	Percolation test will begin: (estimate)		
Date	Time	Date	Time		
3. Client Information	on 				
Owner name		Project name / ty	/pe		
4. Percolation Test	ter				
Percolation tester name	& signature	Date	Certification number		

DEQ form version 7.18.07



## PERCOLATION TEST REPORT Title Page / Summary of results

1. Site Informati	on			Attacnmen	is iollow
Owner Name					
Mailing Address (P.O. Box	)		Village		
Island		MP State	Zip Code		
Contact person (if different			Phone / fax number (note if o	cell)	
2. Facility / Deve Facility will include: (check which apply)	On-site	wastewater system systems:	Stormwater / Number of basin:		
Project Name (if applicable 3. Summary of F				, auto shop,	restaurant)
For on-site wa Final measured rates (include all test pits)			For stormwater Final measured rates (include all test pits)	/ erosion	control: (in./hr.)
test pit no.:	OS1.		test pit no.:	SW1.	
	OS2.			SW2.	
	OS3.			SW3.	
	OS4.			SW4.	
	OS5.			SW5.	
	OS6.	Recommended	Design Rate(s):	SW6.	
leach field no.:	1.		infiltrator/basin no.:	1.	
Reason selected:	2. verage	☐ lowest	Reason selected:	2. erage	☐ lowest
4. Certification		3300			5500
Test Performed by: (print of	& signature)		DEQ Percolation	Tester Certit	ication Number

DEQ SE	LOCATION MAP (SKETCH)	Owner: Project Name:

DEQ UNITED THE STATE OF THE STA	Owner: Project Name:



## **DEEP OBSERVATION PIT** Soil Profile Description

TEST PIT NUMBER:	
	 Date of observation

Commission 6 a	-446	. fa., a.a.b. alaan abaa						DEO for	7 10 07
		for each deep obse	rvation pit					DEQ for	m version 7.19.07
1. Proje	ct Inform	ation							
Owner									
					Hol	le depth:			
Duning the Name	- / T		<del></del>				(total – in feet,	inches)	
Project Name			Islan	d / village					
2. Soli F	Profile De		0 11 7 1	0 11	<u> </u>		1	/ III \ T	0.11
Soil	Depth	Color	Soil Texture	Soil	Structure	Redoxim	orphic features	s (mottles)	Other
Horizon/	(in.)	(moist – Munsell)	(USDA)	shape	grade	depth	color	percent	
Layer		iviuriseii)			9	300		Pordoni	
0 D									
3. Restr	ictions								
Ground	water fou	nd2  □ yes	shallowest			lirect observation aturated soil	Comment	· C ·	
Ground	water iou	no no	depth (ft.):	-		edoximorphic featu		<u> </u>	
		one2 □ yes	shallowest				.00		
Restrictive Horizons?			Describe:						
0 0	!! !! - ···		30pti. (it.).						
3. Certif	ication								
Test Perform	ed by: (print &	signature)			DEQ Percolation Te	ester Certification N	lumber		



## PERCOLATION TEST REPORT Test Pit Results

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

Сотпріете & аттас	cn one form for each percolation te	si, along with copy of c	ıngınar lever measurement sheet
TEST PIT NUME		_	
	61" for on-site wastewater system; 11" for stormwater infiltrators	Date of m	easurement
1. Project Informa	tion		
Owner Name			
Project Name / Type		Island, Village	
2. Test Pit Descrip Hole Dimensions	tion	Pre-soaking data	a:
Diameter: (in.)		Start time / date:	
Bottom Depth: (in.)	<del></del>	Volume absorbed	I (gal.):
Soil Description: (brief  Depth	– see detailed soil profile log from a Soil texture or descr	eep observation pit)	Color
(in. to in.)	(e.g., silty clay loam, lin		Color
, , ,		,	
		***************************************	
2. Percolation Tes	t Data		1
Z. Felcolation les		t time / date:	
	****Enter final six meas		· · · · · · · · · · · · · · · · · · ·
Interval No.	Drop (in.)	Time Interv	
	fractions decima	al	Q. ()
	(e.g., 1 5/16 <sup>th</sup> ) (e.g., 1.31	25")	
1.			
2.			<u> </u>
3.			
4.			
5.			<u> </u>
6.			_
3. Final Rate Calcu	ulation		
final drop:	(in.) X	<u>60 min.</u> =	in./hr.
time:	( <del>min</del> .)	1 hr.	
3. Certification			
Test Performed by: (print & s	ignature)	DEQ Perco	olation Tester Certification Number


Interval: minutes		PERCOLATION TEST – LEVEL MEASUREM	PERCOLATION TEST – LEVEL MEASUREMENT DATA SHEET	
TEST HOLE	Date Time	Client Name: Project Name: Location:	TEST PERFORMED BY:  WITNESSED BY (DEQ)	