



Public Health
 Environmental Health Services
PERCOLATION TEST NOTIFICATION

www.SBCounty.gov
www.sbcounty.gov/dph/dehs
 Phone: (800) 442-2283



Please email form to EHS.CustomerService@dph.sbcounty.gov or fax to 909.387.4323 at least two (2) working days before testing.

THIS SECTION TO BE COMPLETED BY QUALIFIED PROFESSIONAL					
QUALIFIED PROFESSIONAL INFORMATION					
Firm Name			Date		
Firm Address		City	State	Zip	
Firm Contact Person	Email(s)		Phone Number		
SITE INFORMATION					
Owner's Name		Assessor's Parcel Number (APN)			
Site Address		City	State	Zip	
Email(s)			Phone Number		
BILLING INFORMATION					
Environmental Health Services may need to be onsite to observe percolation testing. This will be billed at the current hourly professional rate. Provide billing information below or check one of the following:					
<input type="checkbox"/> Same as Qualified Professional Information		<input type="checkbox"/> Same as Site Information			
Billing Name					
Billing Address		City	State	Zip	
Email(s)			Phone Number		
PROJECT INFORMATION					
Disposal field	<input type="checkbox"/> Leach Lines		<input type="checkbox"/> Seepage Pits		
	<input type="checkbox"/> Alternative Treatment System				
Exploratory Boring(s)	Boring Date(s)	Boring Time	Number of Borings	Depth of Boring(s) in ft.	
Testing	Test Date(s)	Test Time	Number of Tests	Depth of Test Hole(s) in ft.	
Project Type	<input type="checkbox"/> Single Family Residence		<input type="checkbox"/> Multi Family Residential		
	<input type="checkbox"/> Commercial				
	Lot Size (ft ² /acres)	Number of Units		Lot Size (ft ² /acres)	
		Lot Size (ft ² /acres)		Estimated Flow	
	Please select one of the following				
<input type="checkbox"/> Tentative Tract (TT) #		<input type="checkbox"/> Tentative Parcel Map (TPM) #			
Number of Proposed Lots		Original Lot Size (ft ² /acres)	Average New Lot Size (ft ² /acres)		
A sewer connection will be required if a sewer is available within 200 ft. of the nearest property line (add 100 ft. for each additional lot). A "sewer will not serve" letter may be required prior to submittal of the percolation report.					
Site Conditions	Historic groundwater level in feet		Slope in disposal area (%)		
	Source of Water				
	<input type="checkbox"/> Private Well		<input type="checkbox"/> Water Purveyor		
	<input type="checkbox"/> Check box if parcel is on Forest Service Land				
<input type="checkbox"/> Check box if lot is within 100 feet of a river/stream					
For Office Use Only For Office Use Only For Office Use Only For Office Use Only For Office Use Only					
Fee:	FA Number:		Record ID:	PE Number:	
Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N	Designated Employee:		Received By:	Date:	
Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate			Changes (please specify):		