



CENTRAL NEVADA HEALTH DISTRICT  
ENVIRONMENTAL HEALTH SERVICES

<https://www.centralnevadahd.org/HealthPermit@CentralNevadaHD.org>

(775) 867-8181

**INFORMATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

**Please reference Nevada Administrative Code 444.7962-444.7972 for complete instructions**

**Complete this form for each test hole. Minimum of 2 tests required.**

**Tests must be at the depth of the absorptive area of the trench sidewalls.**

Test Pit # _____ Hole # _____				
Depth to the bottom of the test hole from the ground surface:	_____ feet	Diameter:	_____ inches	
Time taken for 12 inches of water to seep away:	1 <sup>st</sup> : _____ minutes	2 <sup>nd</sup> :	_____ minutes	
Test conducted:	<input type="checkbox"/> Fast Perc Test			
	<input type="checkbox"/> Slow Perc Test	Presoak Start time/date:		_____ hours
		Presoak End time/date:		
		Time hole sat following presoak:		
TIME	DEPTH OF WATER (inches)	INTERVAL (minutes)	DROP OF WATER (inches)	MIN/INCH
<i>START DATE &amp; TIME:</i>		Start Test	Start Test	Start Test
Percolation Rate: _____ Minutes per inch				

*I certify that I am the legal owner of the property or an authorized representative of the property owner and that the information on this application is true and correct.*

Signature of Representative	Print Name	Date