

Carl R. Shupe

DWQ Certified

DOPL Licensed Environmental Health Scientist Onsite Wastewater Level 3

5630685-2001 00464-OSP-3

Mailing Address

Electronic Contact Information

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cshupe001@gmail.com 801-814-3036

PERCOLATION TEST CERTIFICATE

PROPERTY INFORMATION									
8600 East St & 500 South St								20-026-0120	
SITUS ADDRESS OF PROPERTY								PARCE	L ID NUMBER (TAX NUMBER)
Huntsville				U	tah	84	84317		acres
City				STATE		ZIF	•	Lot Si	ZE
East Lake Meadows Lot #2									
Additional Information (Subdivision Name, Lot #, etc.)									
VERIFICATION NOTIFICATION									
Contacted Health Department Prior to Testing									
Scott Braeden, Summer Day									
Name of Person Contacted									
PERCOLATION TEST									
TESTING DEPTH AND LOCATION									
48 inches Within Soil Test Pit #4									
DEPTH FROM EXISTING GRADE LOCATION									
TESTING DATE									
2016-04-14 1530-2030 hrs 2016-04-15									
Date and Time of Saturation and Swelling Period Date of Percolation Test The time of the percolation test must start within sixteen to thirty hours after the saturation and swelling period.									
	Start Time	Reference Point	End Time	End P	oint	Amount Dropped	Elapsed Time	Percolation MPI	Other Factors Affecting Test Results
Start	1729	5 1/2	1740	11 1/	2	6	11	1.8	
2	1742	5 1/2	1755	11 1/	2	6	13	2.2	
3	1756	5 1/2	1808	11 1/	2	6	12	2.0	
4	1856	5 1/2	1905	11 1/	2	6	9	1.5	
5	1908	5 1/2	1918	11 1/	2	6	10	1. 7	
6	1919	5 1/2	1929	11 1/	2	6	10	1.7	
7									
8									
By signing below, I certify that the above test was conducted in accordance with UAC § R317-4-14 Appendix D.									
CERTIFIED TESTER									
Carl Shupe 801-814-3036 cshupe001@gmail.com									
NAME PHONE NUMBER AND EMAIL									
00464-OSP-3						2018-12-31			
CERTIFICATION NUMBER EXPIRATION DATE									
and R Huge 2015 14 18									
SIGNATURE OF CERTIFIED TESTER						DATE OF SIGNATURE			

Pictures

