



# Carl R. Shupe

DOPL Licensed Environmental Health Scientist 5630685-2001  
DWQ Certified Onsite Wastewater Level 3 00464-OSP-3

**Mailing Address**

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**Electronic Contact Information**

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801-814-3036

## PERCOLATION TEST CERTIFICATE

### PROPERTY INFORMATION

8600 East St & 500 South St

SITUS ADDRESS OF PROPERTY

20-026-0120

PARCEL ID NUMBER (TAX NUMBER)

Huntsville

CITY

Utah

STATE

84317

ZIP

19.01 acres

LOT SIZE

East Lake Meadows Lot #1

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

42 inches

DEPTH FROM EXISTING GRADE

Within Soil Test Pit #3

LOCATION

#### TESTING DATE

2016-04-15 1530-2030 hrs

DATE AND TIME OF SATURATION AND SWELLING PERIOD

2016-04-16

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 Point	Amount Dropped	Elapsed Time	Percolation MPI	Other Factors Affecting Test Results
Start	1345	7 1/2	1354	13 1/2	6	9	<b>1.5</b>	
2	1356	7 1/2	1405	13 1/2	6	9	<b>1.5</b>	
3	1412	7 1/2	1422	13 1/2	6	10	<b>1.7</b>	
4	1423	7 1/2	1433	13 1/2	6	10	<b>1.7</b>	
5	1434	7 1/2	1444	13 1/2	6	10	<b>1.7</b>	
6	1459	7 1/2	1509	13 1/2	6	10	<b>1.7</b>	
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

NAME

801-814-3036 cshupe001@gmail.com

PHONE NUMBER AND EMAIL

00464-OSP-3

CERTIFICATION NUMBER

2018-12-31

EXPIRATION DATE

SIGNATURE OF CERTIFIED TESTER

2015 14 18

DATE OF SIGNATURE

Pictures

