



# FORM FOR NOTICE OF INTENT TO PERFORM PERCOLATION TESTING

**COUNTY OF SAN BERNARDINO – DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**

PHONE: (800) 442-2283

[www.sbcounty.gov/dehs](http://www.sbcounty.gov/dehs)

Please fax to (909) 387-4323 or email [Patty.Granado-Alvarez@dph.sbcounty.gov](mailto:Patty.Granado-Alvarez@dph.sbcounty.gov) at least 2 working days before testing.

Firm Name: _____	
Address: _____	
Contact Name: _____	
Telephone: _____	
Fax Number: _____	E-Mail: _____
APNs: _____	
Site Location: _____	Closest Town or City: _____
Date(s) of Boring: _____	
Date(s) of Presoak: _____	
Date(s) of Testing: _____	

<input type="checkbox"/> Single Family Residential	Lot Size:	
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<input type="checkbox"/> Multi-Family Residential	Number of Units:	
	Lot Size:	

<input type="checkbox"/> Tentative Tract / Parcel Map	TT / TPM #:	TT:	TPM:
	Original Lot Size:		
	Average New Lot Size:		
	Number of New Lots:		
	Zoned as:		

<input type="checkbox"/> Commercial / Industrial	Intended Use:	
	Special Wastes:	
	Estimated Flow:	
	Est. Fixture Unit:	
	Count:	
	Lot Size:	