

PERCOLATION TEST QUESTIONNAIRE

Client Name:

Address:

Site Location and Townland:

Telephone No: Fax No:

E-Mail:

Engineer Name:

Address:

Telephone No: Fax No:

E-Mail:

Maximum no. of Residents: No. of Double Bedrooms: No. of Single Bedrooms:

Proposed Water Supply: Mains Private Well/Borehole Group Well/Borehole

Do you require us to do excavations for the test? Yes No

Do you grant us permission to enter the site? Yes No

- NOTES:
1. Receipt of payment will speed up the application.
 2. Percolation test will require a nearby source of clean water.
400 litres to be provided by Client.
 3. Please send or post the copy of Site layout plan (1:500) and OS Maps.
 4. For more information, please email: sales@irelandwastewater.ie

Signature:

Date: