

Building Regulations  
No.

### CHECK SHEET

Please fill in the relevant information below and return both copies to Building Control as soon as possible.

1. Please specify the size of the soakaway that you are proposing to use:

Width (m) \_\_\_\_\_ Length (m) \_\_\_\_\_ Depth (m) \_\_\_\_\_

2. Please specify the area that is to be drained to the soakaway: \_\_\_\_\_ m<sup>2</sup>

3. Please specify the size of the trial pit:

Width (m) 300mm Length (m) 500mm Depth (m) 500mm

4. Please specify the proposed invert level of the drain: \_\_\_\_\_ m

5. Below is a table for you to input the data (times) gathered from the Soil Infiltration Rate tests:

Test Number	75%	25%	25% - 75%
1	<u>3 mins</u>	<u>11 mins</u>	<u>8 mins</u>
2	<u>4 mins</u>	<u>13 mins</u>	<u>9 mins</u>
3			

**Key:**

- 75% - The time taken in minutes for the water level to fall to 75% full.  
25% - The time taken in minutes for the water level to fall to 25% full.  
25% - 75% - The 25% time minus the 75% time. (This will give the time for the water level to fall from 75% full to 25% full.)

Name: 

Signature: 

Date: 16-09-25