

Department of Health & Human Services
Division of Environmental and Consumer Health Services



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FORM 3B
TUBE PERMEAMETER TEST DATA

1. Test Number _____ Replicate (Letter) _____ Date Collected ____/____/____
2. Material Tested: ☐ Fill ☐ Test in Native Soil—Indicate Depth, in inches _____
3. Type of Sample: ☐ Undisturbed ☐ Disturbed
4. Sample Dimensions:
Inside Radius of Sample Tube, R, in cm _____ Length of Sample, L, in inches _____
5. Bulk Density Determination (Disturbed Samples Only):
Sample Weight (Wt. Tube Containing Sample—Wt. of Empty Tube), grams _____
Sample Volume ($L \times 2.54 \text{ cm./inch} \times 3.14 R^2$), cc _____
Bulk Density (Sample Wt./Sample Volume), grams/cc _____
6. Standpipe Used: ☐ No ☐ Yes —Indicate Internal Radius, cm _____
7. Height of Water Level Above Rim of Test Basin, in inches:
At the Beginning of Each Test Interval, H1 _____ At the End of Each Test Interval, H2 _____
8. Rate of Water Level Drop (Add additional lines if needed):

Time, Start of Test Interval, t1	Time, End of Test Interval, t2	Length of Test Interval, t, minutes

9. Calculation of Permeability: $K, (\text{in/hr}) = 60 \text{ min/hr} \times r^2 / R^2 \times L(\text{in}) / t(\text{min}) \times \ln (H1/H2) =$
 $60 \text{ min/hr} \times \text{_____} / \text{_____} \times \text{_____} / \text{_____} \times \text{in} (\text{_____} / \text{_____}) = \text{_____}$
10. Defects in the Sample (Check appropriate items): ☐ None ☐ Cracks ☐ Worm Channels ☐ Root Channels ☐ Soil/Tube Contact ☐ Large Gravel ☐ Large Roots ☐ Dry Soil ☐ Smearing ☐ Compaction ☐ Other—Specify _____

11. I hereby certify that the information furnished on Form 3b of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Site Evaluator _____ Date ____/____/____

Signature of Professional Engineer _____ License # _____