

Planning and Development Services Department

Project Address: _____ **Project Name:** _____

Permit # _____ **Special Inspection Agency or Agent:** _____

This is to certify that I or qualified individual(s) working under my direction inspected and/or tested the following items in accordance with the City of Overland Park Design and Construction Standards, approved plans and specifications. I have found that the work is in substantial compliance with the City of Overland Park Design and Construction Standards, approved plans and specifications.

Check appropriate items for Extended Wet Detention Ponds:

- | | |
|--|---|
| <input type="checkbox"/> FINAL GRADES, LOCATIONS, VOLUME CONFORM WITH CONSTRUCTION PLANS | <input type="checkbox"/> PRETREATMENT DEVICE INSTALLED AT LOCATION/ELEVATION SHOWN ON PLANS |
| <input type="checkbox"/> LITTORAL BENCH EXTENDS AT LEAST 10' INWARD FROM PERIMETER; SLOPE DOES NOT EXCEED 6:1 | <input type="checkbox"/> OVERFLOW INSTALLED AT LOCATION/ ELEVATIONS SHOWN ON PLANS |
| <input type="checkbox"/> TRASH RACKS PROVIDED ON OUTLET STRUCTURE | <input type="checkbox"/> EMERGENCY SPILLWAY MEETS DIMENSIONS, ELEVATION, AND LOCATION SHOWN ON PLANS |
| <input type="checkbox"/> INLET WORKS EROSION CONTROL INSTALLED AT LOCATION/ELEVATIONS SHOWN ON PLANS | <input type="checkbox"/> PLANT MATERIALS MEET SIZE, DENSITY, TYPE, AND LOCATION AS SHOWN ON PLANS |
| <input type="checkbox"/> STAFF GAGE OR VERTICAL MARKER PROVIDED FOR SEDIMENT FOREBAY | <input type="checkbox"/> PIPE DISCHARGES AT LEAST 6" ABOVE NORMAL POOL ELEVATION |
| <input type="checkbox"/> OTHER _____ | |

Professional Seal _____

Signature _____ **Date** _____

Submit to: Engineering Services Division
Planning and Development Services Department
City of Overland Park,
8500 Santa Fe Drive,
Overland Park, KS 66212
eod@opkansas.org
Phone: 913-895-6223 Fax: 913-895-5016