

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 Infiltration Trenches:

- | | |
|---|---|
| <input type="checkbox"/> PRETREATMENT DEVICE INSTALLED AT LOCATION/ELEVATION SHOWN ON PLANS | <input type="checkbox"/> CROSS SECTION CONFORMS WITH CONSTRUCTION PLANS |
| <input type="checkbox"/> OVERFLOW INSTALLED AT LOCATION/ELEVATIONS SHOWN ON PLANS | <input type="checkbox"/> UNDERDRAIN, CLEANOUTS, GRAVEL BED, AND FILTER FABRIC INSTALLED PER PLANS |
| <input type="checkbox"/> STAFF GAGE OR VERTICAL MARKER PROVIDED FOR SEDIMENT FOREBAY (IF REQ'D) | <input type="checkbox"/> GRAVEL WASHED ON SITE PRIOR TO PLACEMENT |
| <input type="checkbox"/> MINIMUM 6" FREEBOARD BETWEEN OVERFLOW ELEVATION AND LOWEST ADJACENT PAVEMENT ELEVATION | <input type="checkbox"/> PERCOLATION RATE TESTED PRIOR TO START OF CONSTRUCTION; RESULTS SUBMITTED TO CITY STAFF |
| <input type="checkbox"/> PLANT MATERIALS MEET SIZE, DENSITY, TYPE AND LOCATION AS SHOWN ON PLANS | <input type="checkbox"/> TYPE AND THICKNESS OF MULCH INSTALLED PER PLANS |
| <input type="checkbox"/> PERCOLATION RATE TESTED PRIOR TO PLANT INSTALLATION*; PERCOLATION RATE SUFFICIENT TO INFILTRATE ENTIRE FACILITY WITHIN 48 HOURS | <input type="checkbox"/> GEOTEXTILE FABRIC LINED ON ALL FOUR SIDES AND BOTTOM OF TRENCH |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> MULCH NETTING INSTALLED PER MANUFACTURER'S SPECIFICATIONS |

* A percolation test is required to be performed for all infiltration trenches after construction is complete, regardless of whether or not plantings are installed as part of the facility.

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