

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 Rain Gardens:

- | | |
|---|---|
| <input type="checkbox"/> SOIL AMENDMENTS MEET REQUIREMENTS (IF AMENDMENTS REQUIRED) | <input type="checkbox"/> FINAL GRADES, LOCATIONS, VOLUME CONFORM WITH CONSTRUCTION PLANS |
| <input type="checkbox"/> PLANT MATERIALS MEET SIZE, DENSITY, TYPE AND LOCATION AS SHOWN ON PLANS | <input type="checkbox"/> OVERFLOW INSTALLED AT LOCATION/ ELEVATIONS SHOWN ON PLANS |
| <input type="checkbox"/> TYPE AND THICKNESS OF MULCH INSTALLED PER PLANS | <input type="checkbox"/> MULCH NETTING INSTALLED PER MANUFACTURER'S SPECIFICATIONS |
| <input type="checkbox"/> PERCOLATION RATE TESTED PRIOR TO START OF CONSTRUCTION; RESULTS SUBMITTED TO CITY STAFF | <input type="checkbox"/> MINIMUM 6" FREEBOARD BETWEEN OVERFLOW ELEVATION AND LOWEST ADJACENT PAVEMENT ELEVATION |
| <input type="checkbox"/> ALTERNATE DISCHARGE LOCATION IDENTIFIED FOR TRENCH DRAIN CONNECTION IF FACILITY FAILS TO DRAIN | <input type="checkbox"/> PERCOLATION RATE TESTED PRIOR TO PLANT INSTALLATION; PERCOLATION RATE SUFFICIENT TO INFILTRATE ENTIRE FACILITY WITHIN 48 HOURS |
| <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