
Appendix L

Construction
Inspection
Checklists

Inspections before, during and after construction are required to ensure that SWMPs are built in accordance with the approved plan specifications. Inspectors will use detailed inspection checklists that require sign-offs by qualified individuals at critical stages of construction to ensure the contractor's interpretation of the plan is consistent with the designer's intent.

This appendix includes the following construction phase inspection checklists:

Practice Type	Page
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**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DISTRICT DEPARTMENT OF THE ENVIRONMENT
WATERSHED PROTECTION DIVISION
INSPECTION AND ENFORCEMENT BRANCH
Green Roof Construction Inspection Report**

Building Permit # _____ Plan # _____ Lot: _____ Square: _____

Project Name and Address: _____ Ward: _____

Contractor: _____ Telephone # _____

Engineer: _____ Telephone # _____

Date Started: _____ Final Inspection Date: _____

Green Roof Type: Extensive ___ Intensive ___ New Construction ___ Retrofit of Existing Roof ___

If this is a Retrofit Green Roof Attach a Copy of the Roof Structural Certification ___

As-Built Plan Due Date: _____

Inspection Item	No	Yes	Remarks	Date
Deck Preparation : Is the deck free of all trash, debris, grease, oil, water and moisture? Are all concrete surfaces properly cured, dry and free of voids, cracks, or holes? For retrofitted roofs are all existing membranes and flashing removed to the bare concrete or deck? Are all expansion joints free of broken edges or loose aggregate and sealed to a depth at least twice as wide as the joint? Is a leak detection device installed? <i>(include manufacturer and testing information)</i>				
Water Proofing: Certification: identify type: Hot or Cold applied? Does the waterproofing system require an applicator "certified" by the manufacturer? <i>(attach certifications)</i> Are site conditions appropriate for application of water proofing materials? <i>(note temperature and moisture conditions)</i> Have the correct number of water proofing layers been installed as per the approved green roof plan?				

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Green Roof Construction Inspection Report--Continued**

Project Name and Address: _____ File and WPD No _____

Inspection Item	No	Yes	Remarks	Date
<p>Water Proofing con't: Does the membrane reinforcement and flashing meet plan specifications? <i>(attach invoice and/or manufactures certifications)</i></p> <p>Is protection provided for water proofing membrane? <i>(specify membrane type, indicate the duration between installation of membrane and media)</i></p> <p>Water Test: Has a water test been conducted? Verify the water test is conducted according to test standards demonstrating two inches of water ponding for a 24- 48 hour period. <i>(attach water test report)</i></p>				
<p>Green Roof Components: Do the over flow drains meet plan specifications? Verify dimensions, materials and locations.</p> <p>Do drain boxes, vent pipes and other penetrations meet plan specifications? Verify locations, water proofing details, flashing details and finish details. Verify materials selection and construction.</p> <p>Identify if this is a tray system or a built in place system.</p> <p>Do the root barrier, insulation, moisture retention layer, filter fabric, and drainage layers meet plan specifications? <i>(attach invoice and manufactures' certifications)</i></p> <p>Does the growing media meet plan specifications? Verify depth of growing material. <i>(attach invoice and manufactures' certifications)</i></p> <p>Does the vegetation layer meet plan specifications? Verify vegetation source—plugs, seeds, pre grown mat, species mixture, coverage. <i>(attach invoice and laboratory certification)</i></p> <p>Does the metal curbing and flashing meet plan specifications <i>(attach invoice and manufactures' certifications)?</i></p> <p>Are all seams, joints and edges caulked and sealed with approved grade of caulk or sealant <i>(Attach Invoice)?</i></p> <p>Do pedestals and pavers and non vegetated areas meet plan specifications <i>(type, and location)?</i></p>				

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Green Roof Construction Inspection Report--Continued

Project Name and Address: _____ File and WPD No _____

Inspection Item	No	Yes	Remarks	Date
<p>Irrigation: Is there an irrigation system? Is the system installed to plan specifications? Verify water source, location, service access, and pressure.</p>				
<p>Plantings and Housekeeping: Modular System _Vegetated Mats _Plugs_ Other_ Do plants meet size and variety specifications? Are all plants installed as per plan specifications? Note the planting distribution, the depth of media, and whether or not adequate watering was provided. Is temporary netting or wind uplift protection required? Have all planting waste materials, and construction trash and debris been pickup and removed from the roof?</p>				

Contractor/Engineer _____ Inspector _____ Date _____

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WATERSHED PROTECTION DIVISION/INSPECTION & ENFORCEMENT BRANCH

Rainwater Harvesting - CONSTRUCTION INSPECTION REPORT

Building Permit # _____ Plan and File # _____ Lot: _____ Square: _____

Project Name and Address: _____ Ward: _____

Contractor: _____ Telephone # _____

Engineer: _____ Telephone # _____

Responsible For Maintenance: _____ Telephone # _____

Date Started: _____ Final Inspection Date: _____ As-Built Plan Due Date: _____

Inspection Items	Yes	No	Remarks	Date
Subgrade Preparation: Has the subgrade been properly prepared and tank foundation installed as shown on plans?				
Contributing Drainage Area: Does the rooftop area draining to the tank match the plans?				
Conveyance and First Flush Diversion: Do the gutters meet specifications with the correct sizing, elevation, and slope?				
Is the first flush diversion system properly sized and installed?				
Are mosquito screens properly installed on all tank openings?				
Pump System (where Applicable): The pump and piping to end-uses (indoor, outdoor irrigation, or tank dewatering release) has been properly installed				
Overflow System: Overflow device is directed as shown on plans				
Catchment area and overflow area are stabilized				
Secondary stormwater treatment practice(s) (if applicable) is installed as shown on plans				
Final Inspection: Is water conveyed into tank and to end-uses appropriately?				

Owner/Agent _____ Inspector _____ Date _____

DDOE(WHITE)

OWNER/AGENT(YELLOW)

INSPECTOR (PINK)

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BRANCH**

Impervious Cover Disconnection - CONSTRUCTION INSPECTION REPORT

Building Permit # _____ Plan and File # _____ Lot: _____ Square: _____

Project Name and Address: _____ Ward: _____

Contractor: _____ Telephone # _____

Engineer: _____ Telephone # _____

Responsible For Maintenance: _____ Telephone # _____

Type of Disconnection: Simple _____ Dry Well _____ Rain Garden _____ Other _____

Date Started: _____ Final Inspection Date: _____ As-Built Plan Due Date: _____

Inspection Items	Yes	No	Remarks	Date Completed
Site Preparation: Have erosion and sediment controls been properly installed according to approved plans?				
Do site excavation and grading conform to the site plans?				
Has the pervious receiving area avoided compaction during excavation?				
Contributing Drainage Area: Does the impervious area draining to the receiving pervious area match the plans?				
Practice Geometry: Does the receiving pervious area match the dimensions and slopes shown on the plan?				
Has a secondary practice been installed according to plan (if required)?				
Vegetation: Does the pervious area vegetation comply with the approved planting plan and specification?				
Topsoil mixture, soil amendments, and soil compaction comply with plan (if required)				
Final Inspection: Have the contributing impervious area and the receiving pervious area been stabilized?				
Can water flow properly into the receiving pervious area?				

Owner/Agent _____ Inspector _____ Date _____
DDOE(WHITE) OWNER/AGENT(YELLOW) INSPECTOR (PINK)

Impervious Cover Disconnection construction inspection 03/2011

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Permeable Pavement - CONSTRUCTION INSPECTION REPORT**

Building Permit # _____ Plan and File # _____ Lot: _____ Square: _____

Project Name and Address: _____ Ward: _____

Contractor: _____ Telephone # _____

Engineer: _____ Telephone # _____

Responsible For Maintenance: _____ Telephone # _____

Date Started: _____ Final Inspection Date: _____ As-Built Plan Due Date: _____

Inspection Items	Yes	No	Remarks	Date
Site Preparation: Have erosion and sediment controls been properly installed according to approved plans?				
Is stormwater runoff being diverted around the facility?				
Has the contributing drainage area been fully stabilized?				
Subgrade Preparation: Is subgrade suitable free of debris, standing water, proper grading If design is for infiltration, verify soils have not been compacted. Excavated soil stockpile is located away from facility.				
Filter Layer or Filter Fabric (where Applicable): The filter layer &/or filter fabric have been installed according to the specifications.				
Underdrain and Reservoir Layer: Does the underdrain meet specifications with correct perforation pattern, elevation, and slope? Caps are placed on the upstream (but not the downstream) ends of the underdrains Does the stone reservoir meet specifications (clean, washed, free of fines) and is it installed to design depth? Is at least 2 inches of aggregate provided above and below the underdrains?				
Surface Material: Does the surface material meet the specification and has it been properly installed? Is the surface even and can runoff spread evenly across it? Has the surface material had adequate curing time (for porous asphalt and pervious concrete) Is the surface free of fines and areas of clogging?				
Over Flow Drain (where Applicable): Is overflow invert at correct elevation?				
Final Inspection: Can water infiltrate properly into the practice? Does the reservoir storage layer drain within 48 hours?				

Owner/Agent _____ Inspector _____ Date _____
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**GOVERNMENT OF THE DISTRICT OF COLUMBIA
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WATERSHED PROTECTION DIVISION/INSPECTION & ENFORCEMENT BRANCH
Bioretention - CONSTRUCTION INSPECTION REPORT**

Building Permit # _____ Plan and File # _____ Lot: _____ Square: _____

Project Name and Address: _____ Ward: _____

Contractor: _____ Telephone # _____

Engineer: _____ Telephone # _____

Responsible For Maintenance: _____ Telephone # _____

Date Started: _____ Final Inspection Date: _____ As-Built Plan Due Date: _____

Inspection Items	Yes	No	Remarks	Date
<p>Flow Splitter/Over Flow Drain: Is overflow invert at correct elevation?</p> <p>Is inflow pipe to filter plugged with watertight seal (prior to stabilization)?</p>				
<p>Basin and Liner (where applicable): Basin graded as per approved plan?</p> <p>Basin liner material and installation meets specification of approved plan? (attach labeled sample)</p>				
<p>Collector System: Does collector pipes meet specifications with correct hole pattern and correct geotextile wrap? (attach materials invoice)</p> <p>Does collector stone and stone beneath sand meet specifications and is installed to design depth?</p>				
<p>Filter Components: Does filter sand meet specifications? (attach lab report and material certification)</p> <p>Does planting soil meet design specifications?</p> <p>Planting soil installed to design depth and compacted on _____ (date) and refilled to designed depth.</p>				



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WATERSHED PROTECTION DIVISION/INSPECTION & ENFORCEMENT BRANCH

Bioretention Construction Inspection Report--Continued

Project Name and Address: _____ File and WPD No _____

Inspection Item	No	Yes	Remarks	Date
<p>Bioretention Plant Materials:</p> <p>Do plants meet size and variety specifications?</p> <p>Are all plants installed as per landscape plan?</p> <p>Is mulch and cover crop installed as per plan specifications?</p> <p>Are plant/ trees staked as per specifications?</p> <p>Has watering of plant material been provided at the end of each day for fourteen consecutive days after planting has been completed.</p>				
<p>Clear well Manholes and Inlets:</p> <p>Is clear well free of construction debris and soil?</p> <p>Is outflow pipe invert at the design elevation?</p>				
<p>Notes:</p> <p>1. A qualified professional must treat disease plants.</p> <p>2. Deficient stakes and wires must be replaced.</p> <p>3. Dead plants or plants diseased beyond treatment must be replaced by plant meeting original specifications.</p> <p>3. New plants must be watered every day for the first 14 days after planting.</p>				

Owner/Agent _____ Inspector _____ Date _____
DDOE(WHITE) OWNER/AGENT(YELLOW) INSPECTOR (PINK)
 Bioretention construction inspection 03/2011



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WATERSHED PROTECTION DIVISION
INSPECTION AND ENFORCEMENT BRANCH
Sand Filter Construction Inspection Report**

Building Permit # _____ Plan # _____ Lot: _____ Square: _____

Project Name and Address: _____ Ward: _____

Contractor: _____ Telephone # _____

Engineer: _____ Telephone # _____

Date Started: _____ Final Inspection Date: _____

Structure Type: Cast in placed ____ Prefabricated ____ Name of Plant: _____

As-Built Plan Due Date: _____

Inspection Item	No	Yes	Remarks	Date
Subgrade: Is sub grade suitable? (free of debris, standing water) Is a subgrade Suitability Certification provided?				
Prefabricated Structure: Are shop drawings provided? Do type and location of openings meet specifications?				
Cast-In-Place Structure: Are structural drawings provided? Is a certification provided on steel placement? Provide load ticket showing concrete strength & mix. Is a certification provided for concrete placement? Do the 28 day break results meet design specifications?				
Access: Is access for each chamber provided? (manholes, doors, steps, ladder)				
Leak Test: Does the leak test meet specifications? (attach form)				



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WATERSHED PROTECTION DIVISION/INSPECTION & ENFORCEMENT BRANCH**

Sand Filter Construction Inspection Report--Continued

Project Name and Address: _____ File and WPD No _____

Inspection Item	No	Yes	Remarks	Date
<p>Inflow Chamber: Does the orifice/ submerged weir opening meet specifications of the approved plan? (dimensions)</p> <p>Is overflow/bypass installed per approved plan? (size, support, sealed)</p>				
<p>Filter Chamber : Is under drain installed per approved plan? (specifications, number size and spacing of holes)</p> <p>Is filter bed installed per approved plan? (specifications of sand, gravel and filter cloth) (attach materials invoice)</p>				
<p>Outflow Chamber: Dewatering valve installed per approved plan?</p> <p>Are perforated pipe openings installed? Sump pit required?</p>				
<p>Back Fill: Does backfill soil conform to specifications?</p> <p>Is a certification for lift, thickness and density test provided?</p>				

Owner/Agent _____ Inspector _____ Date _____
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INSPECTOR (PINK)

Sand Filter construction inspection 03/2011



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**WATERSHED PROTECTION DIVISION/INSPECTION AND ENFORCEMENT BRANCH
Infiltration Facility - CONSTRUCTION INSPECTION REPORT**

Building Permit # _____ Plan and File # _____ Lot: _____ Square: _____

Project Name and Address: _____ Ward: _____

Contractor: _____ Telephone # _____

Engineer: _____ Telephone # _____

Responsible For Maintenance: _____ Telephone # _____

Infiltration Device Type: Dry Well _____ Infiltration Trench _____ Infiltration Basin _____ Other _____

Date Started: _____ Final Inspection Date: _____ As-Built Plan Due Date: _____

Inspection Items	Yes	No	Remarks	Date Completed
Site Preparation: Have erosion and sediment controls been properly installed according to approved plans?				
Is stormwater runoff being diverted around the facility?				
Has the contributing drainage area been fully stabilized?				
Subgrade Preparation: Is subgrade suitable? (free of debris, standing water, properly graded)				
Has compaction of the soils been avoided?				
Excavated soil stockpile is located away from facility				
Practice Bottom: Has a 6 to 8 inch sand layer been installed beneath the practice according to the approved plans?				
Filter Fabric: Have the filter layer and/or filter fabric been installed on the sides of the practice <u>only</u> according to the specifications?				
Stone Reservoir Layer: Does the stone reservoir meet specifications (clean, washed free of fines) and is it installed to design depth?				
Surface Material: Does the surface material meet the specification and has it been properly installed?				
Is the surface free of fines and areas of clogging?				



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WATERSHED PROTECTION DIVISION/INSPECTION & ENFORCEMENT BRANCH

Infiltration Facility Construction Inspection Report--Continued

Project Name and Address: _____ File and WPD No _____

Inspection Item	No	Yes	Remarks	Date
Pretreatment: Are the pretreatment facilities installed according to the approved plans?				
Over Flow (where Applicable): Is overflow invert at correct elevation? Has the outfall been constructed with adequate protection as specified on the plans?				
Final Inspection: Can water infiltrate properly into the practice? Does the practice include an observation well? Does the reservoir storage layer drains within 48 hours?				

Owner/Agent _____ Inspector _____ Date _____

DDOE(WHITE)
Infiltration Facility construction inspection 03/2011

OWNER/AGENT(YELLOW)

INSPECTOR (PINK)



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
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OFFICE OF NATURAL RESOURCES
WATERSHED PROTECTION DIVISION/INSPECTION & ENFORCEMENT BRANCH
Open Channels - CONSTRUCTION INSPECTION REPORT**

Building Permit # _____ Plan and File # _____ Lot: _____ Square: _____

Project Name and Address: _____ Ward: _____

Contractor: _____ Telephone # _____

Engineer: _____ Telephone # _____

Responsible For Maintenance: _____ Telephone # _____

Type of Open Channel System : Grass Channel _____ Dry Swale _____ Wet Swale _____ Other _____

Date Started: _____ Final Inspection Date: _____ As-Built Plan Due Date: _____

Inspection Items	Yes	No	Remarks	Date Completed
Site Preparation: Have erosion and sediment controls been properly installed according to approved plans?				
Is stormwater runoff being diverted around the facility?				
Has the contributing drainage area been fully stabilized?				
Practice Geometry: Are the practice dimensions and longitudinal slope correct as shown on the plans?				
Are the channel side slopes no steeper than 3:1?				
Have the check dams been properly installed and to the correct elevations (where applicable)?				
Pretreatment: Are the pretreatment facilities installed according to the approved plans?				
Vegetation: Does the channel surface vegetation comply with the approved planting plan and specification?				
Topsoil mixture, soil amendments, and soil compaction con with plan (if required)				
Over Flow (where Applicable): Is overflow invert at correct elevation?				
Has the outfall been constructed with adequate protection as specified on the plans?				
Dry Swale Designs (where Applicable): Does planting soil meet design specifications?				
Does the underdrain meet specifications with correct hole pattern, elevation, and slope?				
Are at least 2 inches of aggregate provided above and below the underdrains?				
Does the reservoir storage layer drains within 48 hours?				

Owner/Agent _____ Inspector _____ Date _____

DDOE(WHITE)

OWNER/AGENT(YELLOW)

INSPECTOR (PINK)

Open Channel construction inspection 03/2011

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OFFICE OF NATURAL RESOURCES
WATERSHED PROTECTION DIVISION/INSPECTION & ENFORCEMENT BRANCH**

Pond, Wetland, and Storage Practices - CONSTRUCTION INSPECTION REPORT

Building Permit # _____ Plan and File # _____ Lot: _____ Square: _____

Project Name and Address: _____ Ward: _____

Contractor: _____ Telephone # _____

Engineer: _____ Telephone # _____

Responsible For Maintenance: _____ Telephone # _____

Type of Facility: Wet Pond _____ Wetland _____ Dry Pond _____ Underground Detention _____ Other _____

Date Started: _____ Final Inspection Date: _____ As-Built Plan Due Date: _____

Inspection Items	Yes	No	Remarks	Date Completed
Contributing Drainage Area: Does the area draining to the practice match the plans?				
Practice Geometry: Are the practice dimensions correct as shown on the plans?				
Are the pond side slopes no steeper than 3:1?				
Is a geotextile or clay lining provided (where appropriate)?				
Is the practice installed to the proper depth as shown on the plans?				
Pretreatment: Has the forebay been properly sized and designed as according to the plans?				
Outfall: Has the outfall been constructed with adequate protection as specified on the plans?				
Is the outfall channel lined with filter cloth and is large rip-rap provided?				
Is an emergency spillway provided?				



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WATERSHED PROTECTION DIVISION/INSPECTION & ENFORCEMENT BRANCH**

Storm Water Management Facilities - CONSTRUCTION INSPECTION REPORT

Building Permit # _____ Plan and File # _____ Lot: _____ Square: _____

Project Name and Address: _____ Ward: _____

Contractor: _____ Telephone # _____

Engineer: _____ Telephone # _____

Responsible For Maintenance: _____ Telephone # _____

Date Started: _____ Final Inspection Date: _____ As-Built Plan Due Date: _____

Inspection Items	Yes	No	Remarks	Date
<p>Site Preparation: Have erosion and sediment controls been properly installed according to approved plans?</p> <p>Is stormwater runoff being diverted around the facility?</p> <p>Has the contributing drainage area been fully stabilized?</p>				
<p>Structure: Do type and location of openings meet plan specifications?</p> <p>Are all components installed as per plan specifications? (media cartridges, weirs, inverted pipes, tees and ports)</p>				
<p>Access: Access for each chamber, including inlets where applicable provided? (manholes, doors, steps, ladders)</p>				
<p>Backfill : Does back fill meet specifications?</p> <p>Is a certification for lift, thickness and density test provided?</p>				
<p>System Cleaned:</p>				

Owner/Agent _____ Inspector _____ Date _____
DDOE(WHITE) OWNER/AGENT(YELLOW) INSPECTOR (PINK)

Storm Water Management Facilities construction inspection 03/2011

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NATURAL RESOURCES ADMINISTRATION
WATERSHED PROTECTION DIVISION/INSPECTION AND ENFORCEMENT
BRANCH**

STORMWATER MANAGEMENT STANDARD TESTING RECORD

PLAN # _____ WPD/ FILE # _____ BUILDING PERMIT # _____

SQUARE _____ LOT _____ PARCEL _____

NAME AND LOCATION: _____

TYPE OF STRUCTURE: _____

BUILT: Cast-in place Pre-Cast Other _____

METHOD OF TESTING: H₂O Visual Other _____

READINGS: Start _____

Difference _____

Allowable _____

Results _____

DURATION: (24 Hour Reading) _____ Time: _____ Date: _____

(48 Hour Reading) _____ Time: _____ Date: _____

(72 Hour Reading) _____ Time: _____ Date: _____

READINGS TAKEN BY: _____ DATE: _____

WITNESS: _____ DATE: _____

TITLE: _____

FOR: _____

Inspector _____ Owner/Agent _____ Date _____

DDOE (WHITE)

OWNER/AGENT (YELLOW)

INSPECTOR (PINK)

SWM STANDARD TESTING/ WPD 7/2007

