

CA-P-2 Underdrain Construction Inspection Form 1/2

Project # _____ County, Route & Section _____

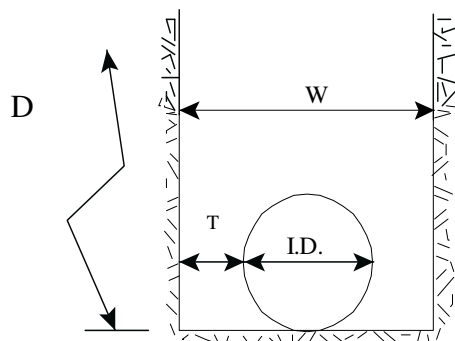
Sample ID _____ Personnel ID _____ Date Sampled _____

Item # _____ Ref. # _____ Producer Code _____ Contractor _____

Description _____

Location _____ Balloon Ref. # _____ Plan Page _____ Pipe Material (RCP, Metal, HDPE, Other) _____

Underdrain Markings _____ Filter Fabric Required _____ Underdrain Joint Type _____ (coupler, bell & Spigot)



W = Width of trench. _____

D= Depth of Trench _____

T =Outside pipe to trench wall. _____

ID = Inside diameter of pipe. _____

TRENCH & BACKFILL CHECKS (ACTUAL FIELD MEASUREMENTS)

Station to Station Right, Left Side Every 50 feet (20m)	T	W	I.D.	Backfill Material 8,9,89's	Outlet Station	How Outlet Catch Basin Slope	Initial	Date	Date Pav't Placed

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Underdrain Construction Inspection Form

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Balloon Ref. # (s): _____ Plan Page (s): _____

Station to Station: _____

Plan Quantity: _____ LF (meters)

Remarks: _____

Daily Total Field Measured: _____ LF (meters) *

Remarks: _____

Daily Total Authorized Pay: _____ LF (meter)**: _____

- * Explain field measurements and authorized pay. Pay in accordance with 603.12 Method of Measurement?
 - a) Structure or pipe end location moved or least cost to State when accommodating full sections.
 - b) Measured to C/L of structure when inside structure dimension is over 6 linear feet (2 meters) in direction of flow or only one structure on the run of pipe.
 - c) You must account to "Lab" for pipe length due to creep & measurements to C/L of structures.
- ** Round all Items Reference to nearest 0.1 foot (0.03 meter).

Remarks: Record problems, soft foundations, under cuts, rock, instructions, utilities encountered, etc. Describe and note location of existing conduits encountered, whether connected, plugged and abandoned, reconnected, etc.

Sketch area:

A full-page sheet of graph paper featuring a uniform grid of small squares formed by dashed black lines on a white background. The grid covers the entire area of the page, leaving no margins or additional markings.

Inspector's Signature

Date

P.E./P.S. Signature