

R-Tank System Plan Review

Project Name: _____

Location: _____

Pre-Treatment

- | | YES | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Has pre-treatment of runoff been considered? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Will it remove leaves and other neutrally buoyant pollutants (if present)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Has a Sediment Forebay been included? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

R-Tank

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 2. If the system is utilizing infiltration/exfiltration, has a woven monofilament geotextile been specified instead of the nonwoven? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there sufficient cover over the system?
(18-24" for H-20 Loads)
(12" for landscaped areas) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the cover material specified? | | | |
| a. No Clays | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 95% Compactable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Less than 7' total cover? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has Geogrid been specified? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Shown at 12" above R-Tank? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Extends 3' beyond excavation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all drawings present that should be included? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the written specifications been included? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. If a liner is included, is the material specified adequately? | | | |
| a. Type of Liner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Thickness (30 Mil recommended) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 10 oz/sy Nonwoven Cushions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. When necessary, has the system been vented to prevent it from air-locking? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Maintenance

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 10. Are Maintenance & Inspection Ports specified? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are locations for these structures marked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TECHNICAL

