

KARST SINKHOLE TREATMENT (527)
JOB SHEET

Landowner _____ Farm ID No. _____

Address _____

County _____

Program _____ EQIP Contract _____

GPS Latitude: _____ Longitude: _____

Township _____ Range _____ Section _____
_____ 1/4 _____ 1/4

Planning

(Attach additional documentation [sketches, pictures, etc.] to assist with evaluation & design)

Planned by: _____ Date planned: _____

Estimated depth of sinkhole: _____ Surface and subsurface diameter/dimension(s) of sinkhole:

Estimated volume of sinkhole: _____

Depth to stable, unweathered bedrock: _____

Structures, roads, or utilities endangered by sinkhole: _____

Temporary fencing or other barricade established around sinkhole:

Potential pathways for stormwater runoff or surface drainage to enter sinkhole:

Features in/near sinkhole which may have contributed to its formation (i.e. abandoned well, pipeline):

See attached drawings for site-specific construction details.

Additional information including construction specifications, statements of work, and operation & maintenance plans can be found in the Arkansas NRCS Electronic Field Office Technical Guide (eFOTG).

Contractor's Certification

I certify that the sinkhole repair referenced above has been completed in accordance with the requirements of Natural Resources Conservation Service Conservation Practice Standard 527, associated Statement of Work, Construction Specifications, and complies with current state and local rules and regulations.

Contractor Signature _____ Date _____

Contractor's address:

Inspection

The sinkhole was repaired in a workmanlike manner by a licensed Arkansas contractor.

Inspector's signature _____ Date _____