

Construction Observation – Formed Manure Storage Structure

Facility Information

Name:	ID#:	,	County					
Concrete Contractor:	Person(s)	Present:						
Floor Pre-Pour Observation Date & Time:		_						
Sub-grade/base:								
Uniform & Level (required) 🗌 Yes 🗌 No								
Appears suitable to pour 🛛 Yes 🗌 No	(subgrade muddy,] mud on rebar, 🛛 🗌 standing water, etc	.)					
Reinforcement: #4 bars at 18" OC each way (r	equired) Yes	No						
Concrete: Appears to be minimum 5" thick floor (required) Yes No Support chairs used Thickened footings for columns (not required) Thickened footing under walls (min 8", required)								
Comments								
Floor Pour Observation Date & Time:		_						
	i (floor/walls) (required): i (footings) (required):	Yes No Not obser Yes No Not obser						
Admixtures: 🗌 Not used 🗌 Not observe	ed; Type and quantity:							
Form A drain used Yes No								
Wall rebar bent into floor or separate dowels installed to connect walls to								
footings? (required)								
PVC waterstop installed on inside of wall dowels: Yes No Not observed								
Comments								
Post-Floor Pour Observation Date & Time:								
	red w/ curing compound	Protected w/ wet burlap or pla	stic sneets					
Proper curing? Yes No								
Excessive cracking present? Yes No	·							
Wall dowels installed (required)								
Comments								
Observe	er Name:							

Wall Pre-Pour Observation Date & Time:

Reinforcement: Not observed (Refer to CDS for required rebar (required))

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	Observed Reba	r	Wall (vei	rtical)	Wall (horizont	al)		
	Grade							
	Size							
	Spacing							
Spacing								
Comments								
Post-Wall Po	our Observation	Date &	Time:					
Curing (red	quired): 🗌 Cured w	/ water	🗌 Cure	d w/ curing	compound 🗌 I	Protected w/	wet burlap or plastic sheets	
Proper	curing? 🗌 Yes	🗌 No						
Excessive	cracking present?	🗌 Yes	🗌 No					
Excessive	honey combing?	🗌 Yes	No					
Perimeter	drain tile present (re	equired)?	🗌 Yes	🗌 No				
Filter	fabric installed?	Yes	🗌 No		Daylights onsit	e? 🗌 Yes	s 🗌 No	
Sump	pump used?	🗌 Yes	🗌 No	Sh	ut-off valve installe	d? 🗌 Yes	S 🗌 No	
Samp	ling port installed?	🗌 Yes	🗌 No	(note loca	ations)			
Colur	nns Set	🗌 Yes	🗌 No		Beams	Set 🗌 Yes	S 🗌 No	
Slats	Set	🗌 Yes	🗌 No		Slats Grout	ed 🗌 Yes	5 🗌 No	
Backfill placed after slats grouted (required)								
Comments								

Observer Name: