



**OPERATION AND MAINTENANCE REQUIREMENTS**

1. Periodic inspections, especially immediately following significant runoff events, to keep inlets, trash guards, and collection boxes and structures clean and free of materials that can reduce flow.
2. Prompt repair or replacement of damaged components.
3. Repair or replacement of inlets damaged by farm equipment.
4. Repair of leaks and broken or crushed lines to insure proper functioning of the conduit.
5. Periodic checking of the outlet and animal guards to ensure proper functioning.
6. Repair of eroded areas at the pipe outlet.
7. Maintain adequate backfill over the conduit.
8. Control weeds, brush, and trees that could impact the flow or function of the underground outlet by mechanical methods or chemicals

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**UNDERGROUND OUTLET**

Owner: \_\_\_\_\_  
 Location: Sec \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_  
 \_\_\_\_\_ Township  
 \_\_\_\_\_ County, Iowa

Designed \_\_\_\_\_ Date \_\_\_\_\_  
 Drawn \_\_\_\_\_  
 Checked \_\_\_\_\_  
 Approved \_\_\_\_\_

File Name
Drawing Name
Sheet of

### INLET DESIGN

Intake No.	Drainage Area (acres)	Intake Capacity		Water Depth at Intake (ft)	A	B	C	D	E	F	G	
		Req'd	Provided		Orifice Diam.	Offset Diam.	Intake Diam. (in.)	Intake Hole Dimensions		Intake Height	Additional Drain Tubing	
					(in.)	(in.)		Diam. or Slot size (in.)	#/ft.	(ft.)	Diam. (in.)	Length (ft.)

### UNDERGROUND OUTLET DESIGN

Line No.	Reach No.	Station to Station	Conduit Capacity		Length of Conduit (ft.)		Conduit Dia. (in.)	Conduit Material Specs.	Conduit Grade (%)		Conduit Cover (ft.)	
			Req'd	Design	Design	Install			Design	Material Type and Classification	Design	Install

Contractor shall fill out shaded columns.

**Type of Outlet:**

- Open ditch
- Existing tile
- \_\_\_\_\_

RELIEF WELL		
Line No.	Station	Riser Dia. (in.)

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### UNDERGROUND OUTLET

Owner: \_\_\_\_\_  
 Location: Sec \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_  
 \_\_\_\_\_ Township  
 \_\_\_\_\_ County, Iowa

Designed _____	Date _____	File Name _____
Drawn _____		Drawing Name _____
Checked _____		
Approved _____		Sheet _____ of _____