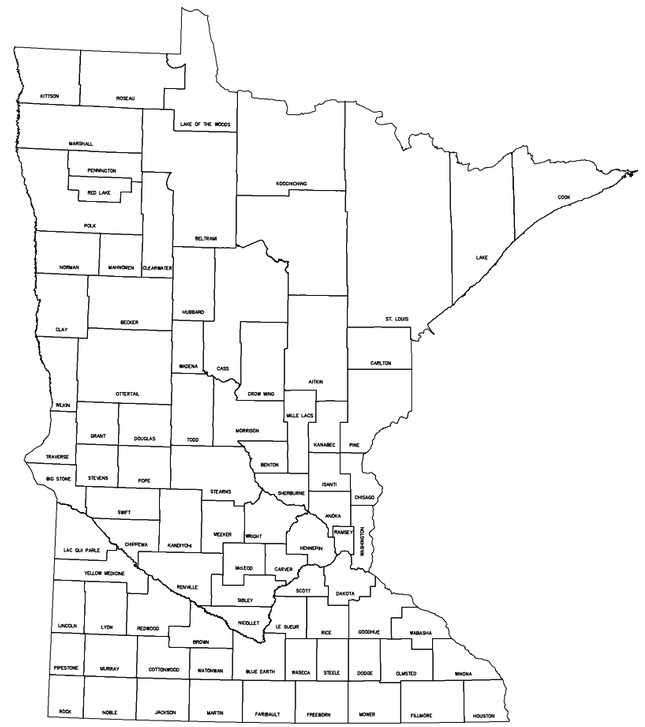
WETLAND RESTORATION PLAN

COUNTY	SECTION	TOWNSHIP	RANGE
		N.	W.

DRAWING SHEET INDEX

DESCRIPTION	NUMBER



LOCATION MAP

SCALE: 1" = 1320'

CONSTRUCTION REQUIREMENTS

- THE CONSTRUCTION AND MATERIAL SPECIFICATIONS PREPARED FOR THIS PROJECT SHALL GOVERN.
- ANY CHANGES TO THE DRAWINGS OR SPECIFICATIONS MUST BE AUTHORIZED BY THE PROJECT ENGINEER OR ENGINEER'S REPRESENTATIVE.
- BEFORE START OF CONSTRUCTION, THE OWNER OF ANY UTILITIES INVOLVED MUST BE NOTIFIED. THE CONTRACTOR / EXCAVATOR IS RESPONSIBLE FOR GIVING THIS NOTICE BY CALLING "GOPHER STATE ONE-CALL" AT (651) 454 - 0002 (TWIN CITIES METRO AREA) OR (800) 252-1166 (ALL OTHER LOCATIONS) AT LEAST 48 HOURS PRIOR TO ANY EXCAVATION.
- THE OWNER IS RESPONSIBLE FOR SECURING ALL NECESSARY LAND RIGHTS, PERMITS AND LICENSES REQUIRED TO COMPLETE THE WORK IN ACCORDANCE WITH ALL LOCAL, STATE AND FEDERAL LAWS.

COOPERATORS AGREEMENT STATEMENT

I HAVE REVIEWED AND UNDERSTAND THE PLANS AND SPECIFICATIONS AND AGREE TO COMPLETE THE WORK ACCORDINGLY. FAILURE TO MEET THESE PLANS AND SPECIFICATIONS MAY JEOPARDIZE ANY COST SHARE APPLIED FOR. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO SECURE ALL NECESSARY PERMITS AND LICENSES, AND TO COMPLETE THE WORK IN ACCORDANCE WITH ALL LOCAL, STATE, AND FEDERAL LAWS. MODIFICATIONS OF THESE PLANS OR SPECIFICATIONS MUST BE APPROVED BY PROJECT ENGINEER OR ENGINEER'S REPRESENTATIVE PRIOR TO INSTALLATION. I ASSUME RESPONSIBILITY FOR NEGOTIATIONS AND AGREEMENTS WITH THE CONTRACTORS.

SIGNATURE: DATE:

CONSTRUCTION CERTIFICATION STATEMENT

I HEREBY CERTIFY THAT THIS PROJECT HAS BEEN COMPLETED AND THAT, TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, JUDGEMENT, AND BELIEF, A FINAL INSPECTION OF THE CONSTRUCTION PROJECT HAS BEEN PERFORMED, THE PRACTICE HAS BEEN INSTALLED, AND THE WORK COMPLETED IS IN ACCORDANCE WITH THE APPROVED PROJECT CONSTRUCTION PLANS AND SPECIFICATIONS AND THAT ANY CHANGES TO THE PLANS AND SPECIFICATIONS ARE AS NOTED.

SIGNATURE: DATE:

ESTIMATED QUANTITIES TABLE

ITEM #	ITEM DESCRIPTION	UNIT	QUANTITY

ENGINEERING JOB CLASS :

I HEREBY CERTIFY THAT THIS PLAN, SPECIFICATION, OR REPORT WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MINNESOTA.

PRINT NAME :

SIGNATURE :

LICENSE # : DATE :

WETLAND RESTORATION PLAN

SURVEYED BY:	DATE:	DESIGNED BY:	DATE:	*COVER SHEET*	
DRAWN BY:	DATE:	DRAWN BY:	DATE:	APPROVED BY:	DATE:
CHECKED BY:	DATE:	CHECKED BY:	DATE:	PROJECT # :	
COUNTY:	SECTION :	TOWNSHIP :	RANGE:	NEAR:	PLAN SHEET OF

BWSR

STANDARD SHEET # BWSR-100