

.19 .08 .00 .00 Engineered Barrier

OPS Office: TST **Task:** 1000 **Phase:** 04 **Site Location:** Anytown, PA

Type of CAP Comment:

Quantity:	UOM	Total Cost:	Unit Cost:	Rollup Cost Total:
<input type="text" value="1"/>	<input type="text" value="X-CHOOSE"/>	<input type="text" value="0.00"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>

Physical Properties:

Area At the Base:	<input type="text" value="0"/>	UOM	<input type="text" value="X-CHOOSE ONE-X"/>
Surface Area:	<input type="text" value="0"/>	UOM	<input type="text" value="X-CHOOSE ONE-X"/>
Height of Cap:	<input type="text" value="0"/>	UOM	<input type="text" value="X-CHOOSE ONE-X"/>
Number of Layers:	<input type="text" value="0"/>		

Choose One Layer Type/Materials:

Thickness UOM *Distance UOM*

Layer Type:	Thickness:	Distance To Borrow:
Upper Vegetative (Topsoil Layer)	<input type="text" value="0"/>	<input type="text" value="0"/>
Biotic Barrier or Rock Layer	<input type="text" value="0"/>	<input type="text" value="0"/>
Asphalt Layer	<input type="text" value="0"/>	N/A
Concrete Layer	<input type="text" value="0"/>	N/A
Compacted Clay Layer	<input type="text" value="0"/>	<input type="text" value="0"/>

Drainage Layer/System Materials Used

Geofiber Gravel Piping

Pipe Length	UOM	Pipe Material	Pipe Size	UOM
<input type="text" value="0"/>	<input type="text" value="X-CHOOSE ONE-"/>	<input type="text" value="X-CHOOSE ONE-"/>	<input type="text" value="0"/>	<input type="text" value="X-CHOOSE ONE-"/>

Equipment Used: **Heavy:** **Light:**

Safety Protection Level:

Level A	Level B	Level C	Level D	Level E
<input type="text" value="0"/> %				