



U.S. DEPARTMENT OF AGRICULTURE  
FOREST SERVICE

FS-7320-0001  
OMB No. 0000-000

**CERTIFICATION OF CONCRETE CONSTRUCTION  
FOR AERIAL TRAMWAYS, AERIAL AND SURFACE LIFTS,  
TOWS, CONVEYORS, AND FUNICULARS**

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**CERTIFICATION FOR:**

PERMIT HOLDER: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

**TYPE OF FACILITY:**

☐ AERIAL TRAMWAY, AERIAL OR SURFACE LIFT, TOW, CONVEYOR, OR FUNICULAR

☐ NEW

☐ RELOCATION

☐ MODIFICATION

**CERTIFICATION BY:**

NAME OF QUALIFIED ENGINEER: \_\_\_\_\_

ADDRESS OF QUALIFIED ENGINEER: \_\_\_\_\_

BRIEF DESCRIPTION OF WORK: \_\_\_\_\_

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1. The foundation excavations were inspected and documented by qualified personnel before concrete placement. The soil-bearing pressure and rock conditions meet or exceed the specifications of the design engineer.

Yes                      N/A

2. Concrete cylinder tests were completed by qualified personnel per the design engineer's specifications. Samples of the concrete placed in each terminal and each tower foundation were taken, and the concrete meets the strength requirements specified by the design engineer. A summary of the test results is attached.

Yes                      N/A

3. The size of concrete foundations as built and the location, number, and size of reinforcing steel, anchor bolts, and rock anchoring, if applicable, were inspected and documented by qualified personnel and are as specified by the design engineer.

Yes                      N/A

4. The quality of backfill and compaction tests were completed and documented by qualified personnel and comply with design engineer specifications for each terminal and each tower foundation.

Yes                      N/A

## CERTIFICATION BY QUALIFIED ENGINEER

***I hereby certify that to the best of my knowledge and ability, the construction of concrete foundations for the facility identified above has been completed in accordance with the final design drawings and specifications for the facility that were prepared by the design engineer.***

**Qualified Engineer's Seal and Signature:** \_\_\_\_\_

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