

# 3<sup>rd</sup> Party Construction Inspection Checklist and Certification: Bioretention

DEQ Spec. No. 9 & PFM 6-1307

Project Name: \_\_\_\_\_ Construction Firm: \_\_\_\_\_  
 Co. Plan Number: \_\_\_\_\_ 3<sup>rd</sup> Party Inspection Firm: \_\_\_\_\_  
 Site Address: \_\_\_\_\_ 3<sup>rd</sup> Party Inspector's Name: \_\_\_\_\_  
 Latitude / Longitude: \_\_\_\_\_°N \_\_\_\_\_°W Contact Info / Phone Number: \_\_\_\_\_  
 BMP ID Number as shown on plan and general location on the site: \_\_\_\_\_

- A certification is required for all SWM/BMP facilities under PFM 6-1300 et. seq.
- A Virginia licensed professional engineer or licensed professional meeting the exemption requirements of the Code of Virginia §54.1-401 must sign the certification at the end of this checklist.

**Instructions:**

- Check each item as complete, or write in "N/A" for those items that are not applicable.
- Fill in blanks for requested information on dimensions, materials, etc.
- Provide one or more photos for applicable items; checkboxes indicate items that *require* photos.

**Pre-Installation Meeting and Site Preparation**

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>		Pre-Installation Meeting with - contractor designated to install the facility - 3rd party inspector (or designee) A review of checklist and tentative schedule for interim inspections and sign-offs has been discussed	
<input type="checkbox"/>		Bioretention area has not been impacted during construction, or has been remediated prior to installation. Circle one: Not Impacted   Remediated	
<input type="checkbox"/>		Impervious cover draining to the BMP have been constructed and area is free of equipment, vehicles and material storage	
<input type="checkbox"/>		Pervious areas of contributing drainage area have been stabilized with adequate vegetation.	
<input type="checkbox"/>	<input type="checkbox"/>	Stormwater diverted around the bioretention area and perimeter E&S controls to protect the BMP during construction have been installed.	
<input type="checkbox"/>		Drainage area slopes toward the bioretention facility.	

**Excavation**

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>		Size & horizontal location conforms to approved plans. Area of Excavation _____	
<input type="checkbox"/>		If the area has previously been used as sediment trap verify that the bottom of the proposed stone reservoir is lower than the bottom elevation of the existing trap.	
<input type="checkbox"/>		Level 2 bioretention: Excavation bottom was scarified prior to placement of stone.	
<input type="checkbox"/>	<input type="checkbox"/>	Subgrade surface free of rocks, roots, and large voids. (Voids may be refilled with base aggregate to create a level surface for the placement of aggregates and underdrain.)	
<input type="checkbox"/>		No groundwater seepage or standing water is present. Any standing water is dewatered to an acceptable dewatering device, and the design consultant has been notified.	
<input type="checkbox"/>	<input type="checkbox"/>	Excavation depth and side grades per approved plans. Depth of Excavation _____ ft. Grade of Side Slope _____ ft./ft.	
<input type="checkbox"/>		Excavation of the facility bottom has not compacted the bottom of the facility.	

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## Filter Layer, Underdrain and Stone Reservoir Placement

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	All aggregates (stone, sand, etc., as required) conform to specifications.	
<input type="checkbox"/>	<input type="checkbox"/>	Impermeable liner (when required) is placed in accordance with manufacturer specs & approved plans.	
<input type="checkbox"/>	<input type="checkbox"/>	Sides of excavation covered with geotextile (when required), with no tears, holes, or excessive wrinkles.	
<input type="checkbox"/>	<input type="checkbox"/>	Underdrain size, spacing, base material installed per approved plans. Underdrain Diameter _____ inches Underdrain Material _____ Underdrain Spacing _____ ft. Perforation Size & Spacing _____ inches. Number of Cleanouts _____	
<input type="checkbox"/>		Restriction device / flow control device (when required) placed per approved plans.	
<input type="checkbox"/>	<input type="checkbox"/>	Observation well(s) installed. Number _____	
<input type="checkbox"/>		Stone placed to achieve the required storage depth. Depth of gravel stone sump layer _____ ft.	
<input type="checkbox"/>	<input type="checkbox"/>	Filter layer (choker stone/pea gravel/sand) installed per approved plans. Choker material: _____ Depth of choker material: _____	

## Soil Media Placement

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>		Soil media certification per project specifications.	
<input type="checkbox"/>		Filter media placed in 8 – 12 inch lifts. No machinery over the filter media. Filter media raked to a level grade after final lift.	
<input type="checkbox"/>		Depth of filter media Depth: _____ ft.	
<input type="checkbox"/>		Filter media settlement Facility flooded (2-4 days after initial placement) until underdrain activated. Top elevation verified after draining.	

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## Final Stabilization and Plant Installation

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	Energy dissipators and pretreatment practices conform to approved plans. List practices here: _____ _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	External bypass structure (when required) conforms to approved plans.	
<input type="checkbox"/>		Mulch composition and depth conform to approved plans. Depth of mulch layer: _____ Inches	
<input type="checkbox"/>		Final ponding depth (from top of mulch to lowest overflow point) conforms to plan. Depth of ponding area _____ Inches. (above mulch, 12" maximum)	
<input type="checkbox"/>	<input type="checkbox"/>	Riser or overflow weir conforms to approved plans.	
<input type="checkbox"/>		Overflow berm conforms to approved plans. Berm Height _____ ft. (from d/stream toe, max. 2 ft) Berm Width (usually 2 ft.) _____ ft. Side Slopes (max. 3:1) _____%	
<input type="checkbox"/>		Signs installed as shown on approved plans.	
<input type="checkbox"/>	<input type="checkbox"/>	Plant installation conforms to approved plans, and all plants are healthy.	
<input type="checkbox"/>	<input type="checkbox"/>	Final grades within the bioretention after plant and mulch installation match the approved plan elevations.	
<input type="checkbox"/>	<input type="checkbox"/>	Provide a photo of the BMP facility after completion of construction.	

## Final Certification

I do hereby certify that this as-built information for the stormwater management/BMP facility was inspected by me (or by an individual under my responsible charge) and conforms to the approved plans, except as indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

License Number (Seal): \_\_\_\_\_

("Certify" means to state or declare a professional opinion based on sufficient and appropriate onsite inspections and material tests conducted during construction)