3rd Party Construction Inspection Checklist and Certification: Filtering Manufactured Devices

DEQ Clearinghouse & PFM 6-1321

Project Name:_____ Construction Firm:_____

Co. Plan Number:_____ 3rd Party Inspection Firm:_____

Site Address:_____ 3rd 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.

Filtering Manufactured Device

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
☐		**Pre-Installation Meeting with** **- contractor designated to install the facility** **- 3rd party inspector (or designee)** **- assigned County site inspector** **A review of checklist and tentative schedule for interim inspections and sign-offs has been discussed**	
☐	☐	**MTD Manufacturer: _____** **MTD Name / Model: _____**	
☐		**Pervious areas within contributing drainage area are fully stabilized with appropriate vegetation prior to the installation of any filter media.**	
☐		**Impervious cover constructed, free of construction equipment, material storage, etc. prior to the installation of any filter media.**	
☐	☐	**Stormwater runoff has been temporarily diverted around BMP during the construction. Note: Filter chambers may be installed with the storm drainage system but no internal components are to be installed until site is stabilized and chamber is flushed.**	
☐	☐	**Filter area and depth is in accordance with approved plans and manufacturer's specifications for filter chambers and/or filter beds.**	
☐	☐	**Cartridge filter systems have proper number of filters per approved plan and inserted in chamber (date of installation)**	
☐	☐	**For Filterra units, the number of trees and the media material meet the specifications in the approved plan.**	
☐	☐	**For Stormtech Isolator Row: Verify 2 layers of woven geotech fabric underlie one of the arched rows with maintenance access.**	
☐	☐	**StormTank Module Debris Row: Verify that the 12" of geotech fabric is installed per plan and that the number of side panels matches the design on the approved plan.**	
☐	☐	**Pretreatment:** **Type of pretreatment device: _____** **Material: _____** **Diameter or length/width: _____** **Invert-in elev. _____ Invert out elev. _____** **Connection to BMP structure is in accordance with manufacturer's specification, type of connection: _____**	
☐		**Inflow pipe:** **Material: _____** **Diameter: _____ in.** **Invert-in elev. _____** **Connection to BMP structure is in accordance with manufacturer's specification, type of connection: _____**	
☐		**Overflow Bypass:** **Type of overflow bypass: _____** **Diameter: _____ in.** **Invert-in elev. _____ Invert-out elevation: _____**	
☐	☐	**Provide photo of installed BMP before placement of backfill**	

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)