

3<sup>rd</sup> Party Construction Inspection Checklist and Certification:  
Vegetated Roof  
DEQ Spec. No. 5 & PFM 6-1310

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 Construction

| CHECK                    | PHOTO                    | DESCRIPTION  | DATE OF INSPECTION / COMMENTS |
|--------------------------|--------------------------|--|-------------------------------|
| <input type="checkbox"/> |                          | Pre-Installation Meeting with<br>- contractor designated to install the facility<br>- 3rd party inspector (or designee)<br>- assigned County site inspector<br>A review of checklist and tentative schedule for interim inspections and sign-offs has been discussed |                               |
| <input type="checkbox"/> |                          | Approximate dimensions of vegetated roof are per approved plans.<br>Dimensions (LxW or Radius)_____ft.   |                               |
| <input type="checkbox"/> |                          | Waterproofing layer is properly installed and watertight.  |                               |
| <input type="checkbox"/> |                          | Flood test conducted to ensure whole system is watertight.   |                               |
| <input type="checkbox"/> |                          | Drainage layer and drainage system is properly installed.  |                               |
| <input type="checkbox"/> |                          | Growing media meets specifications and is applied to correct depth per approved plans.<br>Growing Media Depth: _____ inches  |                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Plant installation conforms to approved plans, and all plants are healthy.   |                               |
| <input type="checkbox"/> |                          | Safe access for maintenance has been constructed per approved plans.   |                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Conveyance/overflow structures are per approved plans.<br>Type: _____<br>Dimensions: _____<br>Locations: _____   |                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide a photo of the BMP facility after completion of construction.  |                               |

Functional Elements

| CHECK                    | PHOTO                    | Verify per approved plans:             | Material Type | Depth | DATE OF INSPECTION / COMMENTS |
|--------------------------|--------------------------|--|---------------|-------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Roof Deck Layer                        |               |       |                               |
| <input type="checkbox"/> |                          | Water Proofing Layer                   |               |       |                               |
| <input type="checkbox"/> |                          | Root Barrier                           |               |       |                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Protection Layer                       |               |       |                               |
| <input type="checkbox"/> |                          | Leak Detection System (opt)            |               |       |                               |
| <input type="checkbox"/> |                          | Thermal Insulation Barrier (opt)       |               |       |                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Gravel Drainage Layer                  |               |       |                               |
| <input type="checkbox"/> |                          | Filter Fabric                          |               |       |                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Growth Media                           |               |       |                               |
| <input type="checkbox"/> |                          | Erosion Control Wind Blanket/Jute Mesh |               |       |                               |

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)