

3rd Party Construction Inspection Checklist and Certification: Infiltration Practices (P-FIL-04)



(DEQ Spec. P-FIL-04 (Formerly DEQ Spec. No. 8) & PFM 6-1303)
Site Development and Inspections Division
Fairfax County Land Development Services
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Project Name:_____ Construction Firm:_____

County Record 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. Name the photo what it relates to and upload.

Pre-Installation Meeting and Site Preparation

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>		Pre-Installation Meeting includes: - contractor designated to install the facility - 3rd party inspector (or designee) - Fairfax County Inspector A review of checklist and tentative schedule for interim inspections and sign-offs has been discussed	
<input type="checkbox"/>		Infiltration 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 is free of equipment, vehicles, and material.	
<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 infiltration area. Perimeter E&S controls installed to protect the BMP during construction.	
<input type="checkbox"/>		Drainage area slopes toward the infiltration facility.	

Excavation

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>		Size & horizontal location of facility per approved plans. Area of Excavation (L x W) _____	
<input type="checkbox"/>	<input type="checkbox"/>	Excavation bottom is scarified or tilled, and raked to level before installation of filter fabric, sand and stone, placement.	
<input type="checkbox"/>		No groundwater seepage or standing water is present.	
<input type="checkbox"/>	<input type="checkbox"/>	Excavation depth and side grades conform to approved plans. Depth of Excavation_____ ft. Excavation Side Slope_____ ft/ft	
<input type="checkbox"/>		Excavation of the facility has not compacted the bottom.	

Filter Layer, Underdrain, and Stone Reservoir Placement

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	Filter layer of sand installed on trench bottom per approved plans. Depth of Sand layer_____ ft.	
<input type="checkbox"/>	<input type="checkbox"/>	Sides of excavation covered with non-woven polypropylene geotextile, with no tears, holes, or excessive wrinkles.	

Filter Layer, Underdrain, and Stone Reservoir Placement (cont’d)

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	Underdrain size, spacing, and bedding material installed per approved plans. Underdrain Diameter_____ Inches Underdrain Material_____ Slope _____ % Underdrain Spacing_____ ft. Perforation Size, Spacing _____ Inches. Bedding Material _____ Depth above/below underdrain _____ / _____ inches. Number of Cleanouts _____	
<input type="checkbox"/>	<input type="checkbox"/>	Underdrain discharge/daylight installed per approved plans Underdrain diameter _____ inches Underdrain material _____ Underdrain blocked (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	<input type="checkbox"/>	Observation well(s) installed per approved plans. Number of Observation Wells _____ Pipe material _____ Pipe diameter _____ Perforation size and spacing _____ (Portion in sand layer should be solid.) Lockable cap installed _____	
<input type="checkbox"/>	<input type="checkbox"/>	Choker stone/pea gravel installed per approved plans. Choker material _____ Depth of Choker layer _____ ft.	
<input type="checkbox"/>	<input type="checkbox"/>	Stone aggregate placed per approved plans. Stone material _____ Depth of stone layer _____	

Final Stabilization

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	Pretreatment practices (leaf screens, grass filter strips, gravel diaphragm, forebay, sump pit, energy dissipators, etc.) upstream of the infiltration area conform to approved plans. List practices here with dimensions if applicable: _____ _____ _____	
<input type="checkbox"/>		Drainage area draining to the facility including roof drains and overland flow, conforms to approved plan. Total contributing area: _____ acres	
<input type="checkbox"/>	<input type="checkbox"/>	Overland inflow area grading visually conforms to approved plans. Number of inflow pipes flowing overland toward facility _____	
<input type="checkbox"/>	<input type="checkbox"/>	Downspout piping conforms to approved plans. Number of downspouts piped to the facility _____	
<input type="checkbox"/>	<input type="checkbox"/>	External bypass structure (when required) conforms to approved plans.	
<input type="checkbox"/>		Perimeter berm and overflow weir placed per approved plans. Berm Height _____ ft (2’ fax from downstream toe) Overflow Weir Height _____ ft (above infiltration surface. Overflow Weir Length _____ ft.	
<input type="checkbox"/>		Signs installed as shown on approved plans.	
<input type="checkbox"/>	<input type="checkbox"/>	Overflow device has been installed according to approved plans.	
<input type="checkbox"/>	<input type="checkbox"/>	Top surface of infiltration trench placed per approved plans. Material, Type _____ Depth _____ ft.	
<input type="checkbox"/>	<input type="checkbox"/>	Surface storage conforms to approved plans. Area (L x W) _____	
<input type="checkbox"/>	<input type="checkbox"/>	Provide a photo of the BMP facility with appropriate surface cover.	
<input type="checkbox"/>		Drawdown observed after (check one)	

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
		<input type="checkbox"/> Rainfall event <input type="checkbox"/> Artificial flooding Observed drawdown time _____ hours (include test results)	
<input type="checkbox"/>		Copy of material delivery tickets included	

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)