

3rd Party Construction Inspection Checklist and Certification: Dry Swales (P-CNV-02)



DEQ Spec. P-CNV-02 (Formerly DEQ Spec. No. 10) & PFM 6-1308
 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.

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"/>		Impervious cover constructed, free of construction equipment, material storage, etc.	
<input type="checkbox"/>		Pervious areas within contributing DA stabilized with appropriate vegetation.	
<input type="checkbox"/>		Area of dry swale not impacted during construction, or has been remediated prior to installation. Circle one: Not Impacted Remediated	
<input type="checkbox"/>		Stormwater diverted around the area of the dry swale and perimeter E&S controls installed.	

Excavation

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>		Horizontal location of BMP is in accordance with the approved plans.	
<input type="checkbox"/>		If dry swale was used as a sediment trap, verify the bottom elevation of proposed stone reservoir is lower than the bottom elevation of the existing sediment trap.	
<input type="checkbox"/>		Excavation of bottom is scarified.	
<input type="checkbox"/>		Subgrade surface free of rocks, roots, and large voids. (Voids may be filled with base aggregate.)	
<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 of facility has achieved proper grades, longitudinal slope, and required geometry per approved plans. Longitudinal Slope _____	
<input type="checkbox"/>		Excavation bottom not compacted.	
<input type="checkbox"/>		Elevation at bottom of stone reservoir conforms to plan.	

Filter Layer, Underdrain, and Stone Reservoir Placement

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>		All aggregates (stone, sand, etc., as required) conform to specifications.	
<input type="checkbox"/>	<input type="checkbox"/>	Underdrain size, spacing, base material installed per approved plans. Pipe Diameter _____ Inches Material _____ Slope _____ % Pipe Spacing _____ ft. Perforation Size, Spacing _____ Inches. Base Material/Type _____ Depth _____ ft. Number of Cleanouts _____	
<input type="checkbox"/>		Perforated underdrains placed in layer of washed VDOT #57 stone with gravel depth above/below underdrain pipe per approved plans. Gravel Depth (min 2") _____	
<input type="checkbox"/>		Sides of excavation covered with geotextile that has no tears, holes, or excessive wrinkles.	
<input type="checkbox"/>		Verify filter media per approved plans. Filter Media Type _____ Depth of Filter Media _____ ft.	
<input type="checkbox"/>		Placement of underdrain, observation well(s), and underdrain fittings (45° wyes, cap at upstream end, etc.) installed per approved plans. Number of Observation Wells: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Restriction device/flow control device placed according to approved plans.	

Soil Media Placement

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>		Soil media certifications per project specifications, including confirmation of no apparent cross-contamination (see PFM 6-1308.8A and 6-1308.11D).	
<input type="checkbox"/>		Soil media placed in 12 inch lifts to the design top elevation of the dry swale, as verified after settlement (2-4 days after initial placement).	
<input type="checkbox"/>		Elevation at Top of Soil Media (post-settlement) conforms to plan.	
<input type="checkbox"/>		Side slopes of ponding area are feathered back at the required slope, per approved plans. Side Slopes (max. 3:1) _____	
<input type="checkbox"/>	<input type="checkbox"/>	Dry swale dimensions are per approved plans. Swale Length _____ ft. Bottom Width _____ Swale Longitudinal Slope _____ Swale Side Slopes (max. 3:1) _____	

Final Stabilization

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	Placement of energy dissipaters and pretreatment practices are installed per approved plans.	
<input type="checkbox"/>		Riser, overflow weir, or other outflow structure is set to the proper elevation and functional. Riser / overflow weir / outflow structure elev. _____	

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	External bypass structure is built per approved plans. Bypass Type _____ Size _____ Inches	
<input type="checkbox"/>	<input type="checkbox"/>	Check dams installed per approved plans. Number _____ Material _____ Spacing _____ Height _____ Keyed into side slopes? Yes No Notch/Depression to pass 2-yr. Q? Yes No	
<input type="checkbox"/>	<input type="checkbox"/>	Plant installation conforms to approved plans, and all plants are healthy.	
<input type="checkbox"/>		Mulch installed per approved plans.	
<input type="checkbox"/>		Ensure facility components are adequately stabilized (with matting, as required) per approved plans.	
<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)