

3<sup>rd</sup> Party Construction Inspection Checklist and Certification:  
Grass Channels  
DEQ Spec. No. 3 & PFM 6-1308

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) - assigned County site inspector 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 thick vegetation.	
<input type="checkbox"/>		Stormwater diverted around the grass channel area and perimeter E&S controls to protect the BMP during construction have been 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"/>		Construction sediment removed and soil amendments incorporated per approved plans.	
<input type="checkbox"/>		Grading for grass channel performed with light equipment and minimal soil compaction.	
<input type="checkbox"/>	<input type="checkbox"/>	Perforated underdrains are placed in layer of washed VDOT #57 stone with min. gravel depth above/below underdrain pipe per approved plans. Pipe Diameter (min 6") _____ Gravel Depth (min 2") _____	
<input type="checkbox"/>		Soil amendments (required by PFM 6-1308.5C) are incorporated per approved plans. Soil ammendment Depth_____ ft. Channel bottom tilled to a depth of 1 ft. to incorporate amendments	
<input type="checkbox"/>		Soil tests on final soil mixture performed as required by PFM 6-1308.8A and 6-1308.11D.	

Final Stabilization

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	Proper grading for required geometry of the grass channel is per approved plans. Channel Length_____ft. Longitudinal Slope (Max 4%) _____% Bottom Width (4'-8') _____ft. Side Slopes (3:1 or flatter)? Yes   No	
<input type="checkbox"/>	<input type="checkbox"/>	Check dams (including driveway culverts when required) installed per approved plans. Material_____ Spacing_____ft. Height_____inches Overflow Notch Elevation_____ft. Keyed into side slopes? Yes   No	
<input type="checkbox"/>	<input type="checkbox"/>	Energy dissipater and sediment forebay (when required) installed at areas of concentrated inflow per approved plans.	
<input type="checkbox"/>		Pretreatment measure for sheet flow entry (sheet flow over grass slopes, gravel diaphragm, etc.) installed per approved plans.	
<input type="checkbox"/>		Channel bed, banks, and adjacent disturbed areas are adequately stabilized (with matting, if required or needed, to ensure dense vegetative cover) prior to diverting runoff into the channel.	
<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)