

3rd Party Construction Inspection Checklist and Certification:
Infiltration Practices
DEQ Spec. No. 8 & PFM 6-1303

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.

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) - assigned County site inspector A review of checklist and tentative schedule for interim inspections and sign-offs has been discussed	
<input type="checkbox"/>		Infiltration area not impacted during other construction, or has been remediated prior to installation. Circle one: Not Impacted Remediated	
<input type="checkbox"/>		Impervious cover constructed, free of equipment.	
<input type="checkbox"/>		Pervious areas stabilized with thick layer of vegetation; E&S controls installed per approved E&S plan.	
<input type="checkbox"/>		Stormwater diverted around the infiltration area. Perimeter E&S controls installed.	

Excavation

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>		Size & horizontal location of facility per approved plans. Area of Excavation_____	
<input type="checkbox"/>		Excavation bottom is scarified or tilled, and raked to level before installation of filter fabric, stone, and soil media placement.	
<input type="checkbox"/>	<input type="checkbox"/>	Excavation depth, side grades, and required subsurface geometry conform to approved plans. Depth of Excavation_____ ft. Excavation Side Slope_____	
<input type="checkbox"/>		Excavation bottom not compacted.	

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

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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 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"/>		Perimeter berm height and overflow weir placed per approved plans. Berm Height_____ Overflow Weir Height_____ ft. Overflow Weir Length_____ ft.	
<input type="checkbox"/>	<input type="checkbox"/>	Overflow device has been installed according to approved plans. Elevation of Overflow / Outflow invert _____ ft.	
<input type="checkbox"/>		Observation well(s) installed per approved plans. Number of Observation Wells_____	
<input type="checkbox"/>	<input type="checkbox"/>	Remaining stone aggregate placed according to approved plans. Depth of Stone aggregate_____ ft.	
<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"/>	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)