

# 3<sup>rd</sup> Party Construction Inspection Checklist and Certification: Filtering Practices (P-FIL-06)



DEQ Spec. P-FIL-06 (Formerly DEQ Spec. No. 12) & PFM 6-1316  
 Site Development and Inspections Division  
 Fairfax County Land Development Services  
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 22035 Phone: 703- 324- 1720, TTY 711  
[www.fairfaxcounty.gov/landdevelopment](http://www.fairfaxcounty.gov/landdevelopment)



Project Name: \_\_\_\_\_ Construction Firm: \_\_\_\_\_  
 County Record 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) A review of checklist and tentative schedule for interim inspections and sign-offs has been discussed	
<input type="checkbox"/>		Impervious cover constructed, free of equipment.	
<input type="checkbox"/>		Pervious areas stabilized with thick vegetation.	
<input type="checkbox"/>		Stormwater diverted around the filtration area to a stabilized and conveyance and perimeter E&S controls installed.	

**Underground Structural Filter**

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>		Horizontal location of BMP is in accordance with the approved plans.	
<input type="checkbox"/>	<input type="checkbox"/>	Excavation of facility has achieved proper grades and required geometry for underground structural housing per approved plans.	
<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"/>	Placement of the structural housing and verification of internal and external plumbing invert elevations is per approved plans.	
<input type="checkbox"/>		Water-tightness test completed and signed off by contractor or vault supplier.	
<input type="checkbox"/>	<input type="checkbox"/>	Installation of perforated pipes and other piping per approved plans.	
<input type="checkbox"/>		Filter media installed to required depth per approved plans. Filter Media Type: _____ Depth of Filter Media: _____ ft.	
<input type="checkbox"/>		Connection of inlet and outlet pipes to the site drainage system per approved plans.	
<input type="checkbox"/>		Top width, height, side slopes of berms used to pond water in surface filters are per approved plan and PFM 6-1316.4D	
<input type="checkbox"/>		Elevation of inflow invert _____ ft.	

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
		Elevation of outflow invert _____ ft. Depth of permanent pool in sedimentation chamber _____ ft.	

**Surface Filter**

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>		Horizontal location of BMP is in accordance with the approved plans.	
<input type="checkbox"/>	<input type="checkbox"/>	Type of pre-treatment device: _____ _____	

**Surface Filter (cont'd)**

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>		Excavation of facility has achieved proper grades and required geometry for filter media placement per approved plans.	
<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"/>		Impermeable geotextile liner is placed per approved plans with no tears, holes, or excessive wrinkles.	
<input type="checkbox"/>		Filter fabric surrounding the filter media meets criteria in PFM 6-1316.5B	
<input type="checkbox"/>	<input type="checkbox"/>	Underdrain size and spacing installed per approved plans & criteria of PFM 6-1316.5A. Pipe Diameter _____ inches Material _____ Slope _____ Pipe Spacing _____ ft.	
<input type="checkbox"/>		Underdrain fittings & flow splitter/overflow by-pass system are in accordance with approved plans.	
<input type="checkbox"/>		Observation well(s) and clean-outs installed per approved plans. Number of Observation Wells: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Perimeter berm height and overflow weir placed per approved plans. Berm height: _____ ft. Overflow Weir Height/Length: _____ ft.	
<input type="checkbox"/>		All aggregates (stone, sand, etc., as required) conform to specifications on approved plans.	
<input type="checkbox"/>		Verify filter media per approved plans. Filter Media Type: _____ Depth of Filter Media: _____ ft.	
<input type="checkbox"/>	<input type="checkbox"/>	Surface cover (vegetation, pea gravel, etc.) per approved plans. Type of cover (turf / pea gravel) _____	
		Elevation at Inflow Invert _____ ft. Elevation at Outflow/Overflow Invert _____ ft. Elevation at Bottom of Excavation _____ ft. Elevation at Top of Filter Layer _____ ft. Depth of Ponding Area _____ 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)