

3rd Party Construction Inspection Checklist and Certification: Vegetated Roof (P-FIL-02)



DEQ Spec. P-FIL-02 (Formerly DEQ Spec. No. 5) & PFM 6-1309
 Site Development and Inspections Division
 Fairfax County Land Development Services
 12055 Government Center Parkway, Suite 535, Fairfax, VA 22035
 Phone: 703- 324- 1720, TTY 711
www.fairfaxcounty.gov/landdevelopment



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 Construction

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"/>		Approximate dimensions of vegetated roof are per approved plans. Dimensions (LxW or Radius) _____ ft.	
<input type="checkbox"/>		Waterproofing layer is properly installed and watertight.	
<input type="checkbox"/>		Flood test conducted to ensure whole system is watertight.	
<input type="checkbox"/>		Drainage layer and drainage system is properly installed.	
<input type="checkbox"/>		Growing media meets specifications and is applied to correct depth per approved plans. Growing Media Depth: _____ inches	
<input type="checkbox"/>	<input type="checkbox"/>	Plant installation conforms to approved plans, and all plants are healthy.	
<input type="checkbox"/>		Safe access for maintenance has been constructed per approved plans.	
<input type="checkbox"/>	<input type="checkbox"/>	Conveyance/overflow structures are per approved plans. Type: _____ Dimensions: _____ Locations: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Provide a photo of the BMP facility after completion of construction.	

Functional Elements

CHECK	PHOTO	Verify per approved plans:	Material Type	Depth	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	Roof Deck Layer			
<input type="checkbox"/>		Water Proofing Layer			
<input type="checkbox"/>		Root Barrier			
<input type="checkbox"/>	<input type="checkbox"/>	Protection Layer			
<input type="checkbox"/>		Leak Detection System (opt)			
<input type="checkbox"/>		Thermal Insulation Barrier (opt)			
<input type="checkbox"/>	<input type="checkbox"/>	Gravel Drainage Layer			
<input type="checkbox"/>		Filter Fabric			

CHECK	PHOTO	Verify per approved plans:	Material Type	Depth	DATE OF INSPECTION / COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	Growth Media			
<input type="checkbox"/>		Erosion Control Wind Blanket/Jute Mesh			

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)