

# 3<sup>rd</sup> Party Construction Inspection Checklist and Certification: Rainwater Harvesting (P-BAS-04)



DEQ Spec. P-BAS-04 (Formerly DEQ Spec. No. 6) & PFM 6-1314  
 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](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 Installation**

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"/>	<input type="checkbox"/>	Rooftop area and tank is per approved plans Y   N (Include photo of tank) Tank Volume _____ gal. Tank Material _____ Above ground ____ or Below ground ____	
<input type="checkbox"/>	<input type="checkbox"/>	Rainwater harvesting system foundation is constructed per approved plans.	
<input type="checkbox"/>		Pre-treatment system is installed per approved plans Leaf screen Y   N 1 <sup>st</sup> Flush diverter Y   N Vortex filter Y   N Roof washer Y   N	
<input type="checkbox"/>		Overflow device is installed and discharges per approved plans. Type of Device _____ Size of Device _____	
<input type="checkbox"/>		Overflow filter path is stabilized.	
<input type="checkbox"/>		Secondary runoff reduction measure(s) installed per approved plans. Type of Measure _____	
<input type="checkbox"/>		Inflow and outflow pipes are constructed per approved plans and have been tested for water-tightness. Type/Size of Inflow Pipes _____ Type/Size of Outflow Pipes _____	
<input type="checkbox"/>		Distribution system is constructed per approved plans and has been tested for water-tightness. Type/Size of Backflow Preventer _____ Type/Size of Pump(s) _____	
<input type="checkbox"/>		Measures used to protect from freezing (above ground tanks and/or pipes) installed per approved plans and	

CHECK	PHOTO	DESCRIPTION	DATE OF INSPECTION / COMMENTS
		has been tested for water-tightness. Type of Measure _____	
<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).