

# Appendix K      Construction Inspection Checklists

Inspections before, during and after construction are required to ensure that SWMPs are built in accordance with the approved plan specifications. Inspectors will use detailed inspection checklists that require sign-offs by qualified individuals at critical stages of construction to ensure the contractor's interpretation of the plan is consistent with the designer's intent.

This appendix includes the following construction phase inspection checklists:

- Green Roof Construction Inspection
- Rainwater Harvesting Construction Inspection
- Impervious Surface Disconnection Construction Inspection
- Permeable Pavement Construction Inspection
- Bioretention Construction Inspection
- Filtering System Construction Inspection
- Infiltration Practice Construction Inspection
- Open Channel System Construction Inspection
- Ponds, Wetland, and Storage Practice Construction Inspection
- Generic Structural BMP Construction Inspection
- Tree Planting and Preservation Construction Inspection
- Stormwater Facility Leak Test

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DISTRICT DEPARTMENT OF THE ENVIRONMENT**



**Green Roof Construction Inspection Report**

Building Permit #: \_\_\_\_\_ Plan #: \_\_\_\_\_ Lot: \_\_\_\_\_ Square: \_\_\_\_\_

Project Name and Address: \_\_\_\_\_ Ward \_\_\_\_\_

Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Final Inspection Date: \_\_\_\_\_

Green Roof Type: Extensive \_\_\_\_\_ Intensive \_\_\_\_\_ New Construction \_\_\_\_\_ Retrofit of Existing Roof \_\_\_\_\_

If this is a retrofit green roof, attach a copy of the Roof Structural Certification \_\_\_\_\_

As-Built Plan Due Date: \_\_\_\_\_

Inspection Item	No	Yes	Remarks	Date
<p><b>Deck Preparation:</b></p> <p>Is the deck free of all trash, debris, grease, oil, water and moisture?</p> <p>Are all concrete surfaces properly cured, dry and free of voids, cracks, or holes?</p> <p>For <b>retrofitted</b> roofs, are all existing membranes and flashing removed to the bare concrete or deck?</p> <p>Are all expansion joints free of broken edges or loose aggregate and sealed to a depth at least twice as wide as the joint?</p> <p>Is a leak detection device installed? <i>(Include manufacturer and testing information.)</i></p>				
<p><b>Water Proofing:</b></p> <p>Certification: identify type: Hot or Cold applied?</p> <p>Does the waterproofing system require an applicator "certified" by the manufacturer? <i>(Attach certifications.)</i></p> <p>Are site conditions appropriate for application of water proofing materials? <i>(Note temperature and moisture conditions.)</i></p> <p>Have the correct number of water proofing layers been installed as per the approved green roof plan?</p> <p>Does the membrane reinforcement and flashing meet plan specifications? <i>(Attach invoice and/or manufacturer's certifications.)</i></p> <p>Is protection provided for water proofing membrane? <i>(Specify membrane type and indicate the duration between installation of membrane and media.)</i></p>				

**Figure K.1 Green Roof Construction Inspection Report.**

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**Green Roof Construction Inspection Report—Continued**

Project Name and Address: \_\_\_\_\_ File and WPD No: \_\_\_\_\_

Inspection Item	No	Yes	Remarks	Date
<p><b>Water Test:</b></p> <p>Has a water test been conducted? Verify the water test is conducted according to test standards demonstrating two inches of water ponding for a 24- 48 hour period. (<i>Attach water test report.</i>)</p>				
<p><b>Green Roof Components:</b></p> <p>Do the over flow drains meet plan specifications? Verify dimensions, materials and locations.</p> <p>Do drain boxes, vent pipes and other penetrations meet plan specifications? Verify locations, water proofing details, flashing details and finish details. Verify materials selection and construction. Identify if this is a tray system or a built in place system.</p> <p>Do the root barrier, insulation, moisture retention layer, filter fabric, and drainage layers meet plan specifications? (<i>Attach invoice and manufactures' certifications</i>)</p> <p>Does the growing media meet plan specifications? Verify depth of growing material. (<i>Attach invoice and manufacturer's certifications.</i>)</p> <p>Does the vegetation layer meet plan specifications? Verify vegetation source—plugs, seeds, pre grown mat, species mixture, coverage. (<i>Attach invoice and laboratory certification.</i>)</p> <p>Does the metal curbing and flashing meet plan specifications? (<i>Attach invoice and manufacturer's certifications.</i>)</p> <p>Are all seems, joints and edges caulked and sealed with approved grade of caulk or sealant? (<i>Attach invoice.</i>)</p> <p>Do pedestals and pavers and non-vegetated areas meet plan specifications (type and location)?</p>				
<p><b>Irrigation:</b></p> <p>Is there an irrigation system?</p> <p>Is the system installed to plan specifications? Verify water source, location, service access, and pressure.</p>				
<p><b>Plantings and Housekeeping:</b></p> <p>Modular System ___ Vegetated Mats ___ Plugs ___ Other ___</p> <p>Do plants meet size and variety specifications?</p> <p>Are all plants installed as per plan specifications? Note the planting distribution, the depth of media, and whether or not adequate watering was provided.</p> <p>Is temporary netting or wind uplift protection required?</p> <p>Have all planting waste materials, and construction trash and debris been pickup and removed from the roof?</p>				

Contractor/Engineer \_\_\_\_\_ Inspector \_\_\_\_\_ Date \_\_\_\_\_

**Figure K.1 (continued)**

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**Rainwater Harvesting Construction Inspection Report**

Building Permit #: \_\_\_\_\_ Plan #: \_\_\_\_\_ Lot: \_\_\_\_\_ Square: \_\_\_\_\_

Project Name and Address: \_\_\_\_\_ Ward \_\_\_\_\_

Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Responsible for Maintenance: \_\_\_\_\_ Telephone: \_\_\_\_\_

Secondary Practice (discharging to): pervious area \_\_\_\_ bioretention \_\_\_\_ infiltration practice \_\_\_\_ channel or swale: \_\_\_\_

Date Started: \_\_\_\_\_ Final Inspection Date: \_\_\_\_\_ As-Built Plan Due Date: \_\_\_\_\_

Inspection Items	Yes	No	Remarks	Date
<b>Subgrade Preparation:</b> Has the subgrade been properly prepared and tank foundation installed as shown on plans?				
<b>Contributing Drainage Area:</b> Does the rooftop area draining to the tank match the plans?				
<b>Conveyance and First Flush Diversion:</b> Do the gutters meet specifications with the correct sizing, elevation, and slope?				
Is the first flush diversion system properly sized and installed?				
Are mosquito screens properly installed on all tank openings?				
<b>Pump System (where applicable):</b> The pump and piping to end-uses (indoor, outdoor irrigation, or tank dewatering release) has been properly installed				
<b>Overflow System:</b> Overflow device is directed as shown on plans?				
Catchment area and overflow area are stabilized?				
Secondary stormwater treatment practice(s) (if applicable) is installed as shown on plans?				
<b>Final Inspection:</b> Is water conveyed into tank and to end-uses appropriately?				

Owner/Agent \_\_\_\_\_ Inspector \_\_\_\_\_ Date \_\_\_\_\_

**Figure K.2 Rainwater Harvesting Construction Inspection Report.**

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**Impervious Surface Disconnection Construction Inspection Report**

Building Permit #: \_\_\_\_\_ Plan #: \_\_\_\_\_ Lot: \_\_\_\_\_ Square: \_\_\_\_\_

Project Name and Address: \_\_\_\_\_ Ward \_\_\_\_\_

Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Responsible for Maintenance: \_\_\_\_\_ Telephone: \_\_\_\_\_

Disconnection Type: Simple \_\_\_\_\_ Dry Well \_\_\_\_\_ Rain Garden \_\_\_\_\_ Other \_\_\_\_\_

Date Started: \_\_\_\_\_ Final Inspection Date: \_\_\_\_\_ As-Built Plan Due Date: \_\_\_\_\_

Inspection Items	Yes	No	Remarks	Date
<b>Site Preparation:</b>				
Have erosion and sediment controls been properly installed and maintained according to approved plans?				
Do site excavation and grading conform to the site plans?				
Has the pervious receiving area avoided compaction during excavation?				
<b>Contributing Drainage Area:</b>				
Does the impervious area draining to the receiving pervious area match the plans?				
<b>Practice Geometry:</b>				
Does the receiving pervious area match the dimensions and slopes shown on the plan?				
Has a secondary practice been installed according to plan (if required)?				
<b>Vegetation:</b>				
Does the pervious area vegetation comply with the approved planting plan and specification?				
Topsoil mixture, soil amendments, and soil compaction comply with plan (if required)				
<b>Final Inspection:</b>				
Have the contributing impervious area and the receiving pervious area been stabilized?				
Can water flow properly into the receiving pervious area?				

Owner/Agent \_\_\_\_\_ Inspector \_\_\_\_\_ Date \_\_\_\_\_

**Figure K.3 Impervious Surface Disconnection Construction Inspection Report.**

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**Permeable Pavement System Construction Inspection Report**

Building Permit #: \_\_\_\_\_ Plan and File#: \_\_\_\_\_ Lot: \_\_\_\_\_ Square: \_\_\_\_\_

Project Name and Address: \_\_\_\_\_ Ward \_\_\_\_\_

Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Responsible for Maintenance: \_\_\_\_\_ Telephone: \_\_\_\_\_

Permeable Pavement Type: Porous Asphalt \_\_\_\_\_ Pervious Concrete \_\_\_\_\_ Permeable Pavers \_\_\_\_\_

Date Started: \_\_\_\_\_ Final Inspection Date: \_\_\_\_\_ As-Built Plan Due Date: \_\_\_\_\_

Inspection Items	Yes	No	Remarks	Date
<b>Site Preparation:</b>				
Have erosion and sediment controls been properly installed and maintained according to approved plans?				
Is stormwater runoff being diverted around the practice?				
Has the contributing drainage area been fully stabilized?				
<b>Subgrade Preparation:</b>				
Is subgrade suitable free of debris, standing water, proper grading?				
If design is for infiltration, verify soils have not been compacted.				
Excavated soil stockpile is located away from practice with erosion and sediment controls in place?				
<b>Filter Layer or Geotextile Fabric (where applicable):</b>				
The filter layer and/or geotextile fabric have been installed according to the specifications?				
<b>Underdrain and Reservoir Layer:</b>				
Does the underdrain meet specifications with correct perforation pattern, elevation, and slope?				
Caps are placed on the upstream (but not the downstream) ends of the underdrains?				
Does the stone reservoir meet specifications (clean, washed, free of fines) and is it installed to design depth?				
Is at least 2 inches of aggregate provided above and below the underdrains?				

**Figure K.4 Permeable Pavement Construction Inspection Report.**

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**Permeable Pavement System Construction Inspection Report—Continued**

Project Name and Address: \_\_\_\_\_ File and WPD No: \_\_\_\_\_

Inspection Items	Yes	No	Remarks	Date
<b>Surface Material:</b>				
Does the surface material meet the specification and has it been properly installed?				
Is the surface even and can runoff spread evenly across it?				
Has the surface material had adequate curing time (for porous asphalt and pervious concrete)				
Is the surface free of fines and areas of clogging?				
<b>Over Flow Drain (where applicable):</b>				
Is overflow invert at correct elevation?				
<b>Final Inspection:</b>				
Can water infiltrate properly into the practice?				
Does the reservoir storage layer drain within 48 hours?				

Owner/Agent \_\_\_\_\_ Inspector \_\_\_\_\_ Date \_\_\_\_\_

**Figure K.4 (continued)**

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**Bioretention Construction Inspection Report**

Building Permit #: \_\_\_\_\_ Plan and File#: \_\_\_\_\_ Lot: \_\_\_\_\_ Square: \_\_\_\_\_

Project Name and Address: \_\_\_\_\_ Ward: \_\_\_\_\_

Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Responsible for Maintenance: \_\_\_\_\_ Telephone: \_\_\_\_\_

Bioretention Type: Traditional \_\_\_\_\_ Streetscape \_\_\_\_\_ Tree Pits \_\_\_\_\_ Planters: \_\_\_\_\_ Residential: \_\_\_\_\_

Date Started: \_\_\_\_\_ Final Inspection Date: \_\_\_\_\_ As-Built Plan Due Date: \_\_\_\_\_

Inspection Items	Yes	No	Remarks	Date
<b>Inflow/Overflow:</b> Is overflow invert at correct elevation? Is inflow pipe to filter plugged with watertight seal (prior to stabilization)?				
<b>Basin and Impermeable Liner (where applicable):</b> Basin graded as per approved plan? Basin liner material and installation meets specification of approved plan? ( <i>Attach labeled sample.</i> )				
<b>Underdrains:</b> Do collector pipes meet specifications with correct hole pattern? ( <i>Attach materials invoice.</i> ) Do collector stone and stone beneath sand meet specifications and is installed to design depth?				
<b>Filter Media:</b> Does the filter media meet specifications? ( <i>Attach lab report and material certification.</i> ) Filter media installed to design depth and compacted on _____ (date) and refilled to designed depth?				

**Figure K.5 Bioretention Construction Inspection Report.**

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**Bioretention Construction Inspection Report—Continued**

Project Name and Address: \_\_\_\_\_ File and WPD No: \_\_\_\_\_

Inspection Item	No	Yes	Remarks	Date
<b>Bioretention Plant Materials:</b>				
Do plants meet size and variety specifications?				
Are all plants installed as per landscape plan?				
Is mulch and cover crop installed as per plan specifications?				
Are plant/ trees staked as per specifications?				
Has watering of plant material been provided once a week during first two months for fourteen consecutive days after planting has been completed , then as needed during first growing season.?				
<b>Observation Well Inlets:</b>				
Is observation well free of construction debris and soil?				
Is outflow pipe invert at the design elevation?				
<b>Notes:</b>				
1. A qualified professional must treat disease plants.				
2. Deficient stakes and wires must be replaced.				
3. Dead plants or plants diseased beyond treatment must be replaced by plant meeting original specifications.				
4. New plants must be watered every day for the first 14 days after planting.				

Owner/Agent \_\_\_\_\_ Inspector \_\_\_\_\_ Date \_\_\_\_\_

**Figure K.5 (continued)**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
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**Filtering System Construction Inspection Report**

Building Permit #: \_\_\_\_\_ Plan #: \_\_\_\_\_ Lot: \_\_\_\_\_ Square: \_\_\_\_\_

Project Name and Address: \_\_\_\_\_ Ward: \_\_\_\_\_

Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Structure Type: Cast in Place \_\_\_\_\_ Prefabricated \_\_\_\_\_ Name of Plant \_\_\_\_\_

Date Started: \_\_\_\_\_ Final Inspection Date: \_\_\_\_\_ As-Built Plan Due Date: \_\_\_\_\_

Inspection Item	No	Yes	Remarks	Date
<b>Subgrade:</b> Is subgrade suitable (free of debris, standing water) ? Is a subgrade Suitability Certification provided?				
<b>Prefabricated Structure:</b> Are shop drawings provided? Do type and location of openings meet specifications?				
<b>Cast-In-Place Structure:</b> Are structural drawings provided? Is a certification provided on steel placement? Provide load ticket showing concrete plant mix, strength certification, and load time. Is a certification provided for concrete placement? Do the 28 day break results meet design specifications?				
<b>Access:</b> Is access for each chamber provided (manholes, doors, steps, and ladder)?				
<b>Leak Test:</b> Does the leak test meet specifications? (attach form)				
<b>Inflow Chamber:</b> Does the orifice/ submerged weir opening meet specifications of the approved plan? (dimensions) Is overflow/bypass installed per approved plan? (size, support, sealed)				

**Figure K.6 Filtering System Construction Inspection Report.**

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**Filtering System Construction Inspection Report—Continued**

Project Name and Address: \_\_\_\_\_ File and WPD No: \_\_\_\_\_

Inspection Item	No	Yes	Remarks	Date
<b>Inflow Chamber:</b> Does the orifice/ submerged weir opening meet specifications of the approved plan? (dimensions) Is overflow/bypass installed per approved plan? (size, support, sealed)				
<b>Filter Chamber:</b> Is under drain installed per approved plan? (specifications, number size and spacing of holes ) Is filter bed installed per approved plan? (specifications of sand, gravel and filter cloth) (attach materials invoice)				
<b>Outflow Chamber:</b> Dewatering valve installed per approved plan? Are perforated pipe openings installed? Sump pit required?				
<b>Back Fill:</b> Does backfill soil conform to specifications? Is a certification for lift, thickness and density test provided?				

Owner/Agent \_\_\_\_\_ Inspector \_\_\_\_\_ Date \_\_\_\_\_

**Figure K.6 (continued)**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
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**Infiltration Practice Construction Inspection Report**

Building Permit #: \_\_\_\_\_ Plan and File#: \_\_\_\_\_ Lot: \_\_\_\_\_ Square: \_\_\_\_\_

Project Name and Address: \_\_\_\_\_ Ward \_\_\_\_\_

Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Responsible for Maintenance: \_\_\_\_\_ Telephone: \_\_\_\_\_

Infiltration Practice Type: Dry Well \_\_\_\_\_ Infiltration Trench \_\_\_\_\_ Infiltration Basin \_\_\_\_\_ Other \_\_\_\_\_

Date Started: \_\_\_\_\_ Final Inspection Date: \_\_\_\_\_ As-Built Plan Due Date: \_\_\_\_\_

Inspection Items	Yes	No	Remarks	Date
<b>Site Preparation:</b>				
Have erosion and sediment controls been properly installed and maintained according to approved plans?				
Is stormwater runoff being diverted around the practice?				
Has the contributing drainage area been fully stabilized?				
<b>Subgrade Preparation:</b>				
Is subgrade suitable? (free of debris, standing water, properly graded)				
Has compaction of the soils been avoided?				
Excavated soil stockpile is located away from practice with erosion and sediment controls in place?				
<b>Practice Bottom:</b>				
Has a 6 to 8 inch sand layer been installed beneath the practice according to the approved plans?				
<b>Geotextile Fabric:</b>				
Have the filter layer and/or geotextile fabric been installed on the sides of the practice <u>only</u> according to the specifications?				
<b>Stone Reservoir Layer:</b>				
Does the stone reservoir meet specifications (clean, washed, free of fines) and is it installed to design depth?				

**Figure K.7 Infiltration Practice Construction Inspection Report.**

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**Infiltration Practice Construction Inspection Report—Continued**

Project Name and Address: \_\_\_\_\_ File and WPD No: \_\_\_\_\_

Inspection Item	No	Yes	Remarks	Date
<b>Surface Material:</b> Does the surface material meet the specification and has it been properly installed?				
Is the surface free of fines and areas of clogging?				
<b>Pretreatment:</b> Are the pretreatment facilities installed according to the approved plans?				
<b>Over Flow (where Applicable):</b> Is overflow invert at correct elevation? Has the outfall been constructed with adequate protection as specified on the plans?				
<b>Final Inspection:</b> Can water infiltrate properly into the practice? Does the practice include an observation well? Does the reservoir storage layer drains within 72 hours?				

Owner/Agent \_\_\_\_\_ Inspector \_\_\_\_\_ Date \_\_\_\_\_

Figure K.7 (continued)

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
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**Open Channel System Construction Inspection Report**

Building Permit #: \_\_\_\_\_ Plan and File#: \_\_\_\_\_ Lot: \_\_\_\_\_ Square: \_\_\_\_\_

Project Name and Address: \_\_\_\_\_ Ward: \_\_\_\_\_

Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Responsible for Maintenance: \_\_\_\_\_ Telephone: \_\_\_\_\_

Open Channel System Type: Grass Channel \_\_\_\_\_ Dry Swale \_\_\_\_\_ Wet Swale \_\_\_\_\_ Other \_\_\_\_\_

Date Started: \_\_\_\_\_ Final Inspection Date: \_\_\_\_\_ As-Built Plan Due Date: \_\_\_\_\_

Inspection Items	Yes	No	Remarks	Date
<b>Site Preparation:</b>				
Have erosion and sediment controls been properly installed and maintained according to approved plans?				
Is stormwater runoff being diverted around the practice?				
Has the contributing drainage area been fully stabilized?				
<b>Practice Geometry:</b>				
Are the practice dimensions and longitudinal slope correct as shown on the plans?				
Are the channel side slopes no steeper than 3:1?				
Have the check dams been properly installed and to the correct elevations (where applicable)?				
<b>Pretreatment:</b>				
Are the pretreatment facilities installed according to the approved plans?				
<b>Vegetation:</b>				
Does the channel surface vegetation comply with the approved planting plan and specification?				
Topsoil mixture, soil amendments, and soil compaction comply with plan (if required)				
<b>Over Flow (where Applicable):</b>				
Is overflow invert at correct elevation?				
Has the outfall been constructed with adequate protection as specified on the plans?				

**Figure K.8 Open Channel System Construction Inspection Report.**

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**Open Channel System Construction Inspection Report—Continued**

Project Name and Address: \_\_\_\_\_ File and WPD No: \_\_\_\_\_

Inspection Items	Yes	No	Remarks	Date
<b>Dry Swale Designs (where Applicable):</b>				
Does planting soil meet design specifications?				
Does the underdrain meet specifications with correct hole pattern, elevation, and slope?				
Are at least 2 inches of aggregate provided above and below the underdrains?				
Does the reservoir storage layer drains within 72 hours?				

Owner/Agent \_\_\_\_\_ Inspector \_\_\_\_\_ Date \_\_\_\_\_

Figure K.8 (continued)

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
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**Pond, Wetland, and Storage Practice Construction Inspection Report**

Building Permit #: \_\_\_\_\_ Plan and File#: \_\_\_\_\_ Lot: \_\_\_\_\_ Square: \_\_\_\_\_

Project Name and Address: \_\_\_\_\_ Ward: \_\_\_\_\_

Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Responsible for Maintenance: \_\_\_\_\_ Telephone: \_\_\_\_\_

Practice Type: Wet Pond \_\_\_\_\_ Dry Pond \_\_\_\_\_ Underground Detention \_\_\_\_\_ Other \_\_\_\_\_

Date Started: \_\_\_\_\_ Final Inspection Date: \_\_\_\_\_ As-Built Plan Due Date: \_\_\_\_\_

Inspection Items	Yes	No	Remarks	Date
<b>Contributing Drainage Area:</b> Does the area draining to the practice match the plans?				
<b>Practice Geometry:</b> Are the practice dimensions correct as shown on the plans?				
Are the pond side slopes no steeper than 3:1?				
Is a geotextile or clay lining provided (where appropriate)?				
Is the practice installed to the proper depth as shown on the plans?				
<b>Pretreatment:</b> Has the forebay been properly sized and designed as according to the plans?				
<b>Outfall:</b> Has the outfall been constructed with adequate protection as specified on the plans? Is the outfall channel lined with filter cloth and is large rip-rap provided? Is an emergency spillway provided?				

**Figure K.9 Pond, Wetland, and Storage Practice Construction Inspection Report.**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
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**Pond, Wetland, and Storage Practice Construction Inspection Report—Continued**

Project Name and Address: \_\_\_\_\_ File and WPD No: \_\_\_\_\_

Inspection Item	No	Yes	Remarks	Date
<b>Overflow and Trash Rack:</b>				
Has the riser or outflow structure been properly installed and to the correct elevations?				
Has a trash rack been properly installed according to the approved SWM plan?				
<b>Pond Buffer/Vegetation (where applicable):</b>				
Do the buffer dimensions match the plans?				
Is an aquatic bench properly installed?				
Does the vegetation comply with the approved planting plan and specification?				
<b>Final Inspection:</b>				
Has the contributing drainage area been properly stabilized?				
Does the site have proper maintenance and inspection access?				

Owner/Agent \_\_\_\_\_ Inspector \_\_\_\_\_ Date \_\_\_\_\_

**Figure K.9 (continued)**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
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**Generic Construction Inspection Report**

Building Permit #: \_\_\_\_\_ Plan and File#: \_\_\_\_\_ Lot: \_\_\_\_\_ Square: \_\_\_\_\_

Project Name and Address: \_\_\_\_\_ Ward \_\_\_\_\_

Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Responsible for Maintenance: \_\_\_\_\_ Telephone: \_\_\_\_\_

Device Type: Hydrodynamic treatment \_\_\_\_\_ Filtering treatment \_\_\_\_\_ Retention \_\_\_\_\_

Date Started: \_\_\_\_\_ Final Inspection Date: \_\_\_\_\_ As-Built Plan Due Date: \_\_\_\_\_

Inspection Items	Yes	No	Remarks	Date
<b>Site Preparation:</b> Have erosion and sediment controls been properly installed and maintained according to approved plans? Is stormwater runoff being diverted around the practice? Has the contributing drainage area been fully stabilized?				
<b>Structure:</b> Do type and location of openings meet plan specifications? Are all components installed as per plan specifications? (media cartridges, weirs, inverted pipes, tees and ports)				
<b>Access:</b> Access for each chamber, including inlets where applicable provided? (manholes, doors, steps, ladders)				
<b>Backfill :</b> Does back fill meet specifications? Is a certification for lift, thickness and density test provided?				
<b>System Cleaned:</b>				

Owner/Agent \_\_\_\_\_ Inspector \_\_\_\_\_ Date \_\_\_\_\_

**Figure K.10 Generic Construction Inspection Report.**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
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**Tree Planting and Preservation Construction Inspection Report**

Building Permit #: \_\_\_\_\_ Plan and File#: \_\_\_\_\_ Lot: \_\_\_\_\_ Square: \_\_\_\_\_

Project Name and Address: \_\_\_\_\_ Ward: \_\_\_\_\_

Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Responsible for Maintenance: \_\_\_\_\_ Telephone: \_\_\_\_\_

Tree Type(s): New \_\_\_\_\_ Preserved: \_\_\_\_\_

Date Started: \_\_\_\_\_ Final Inspection Date: \_\_\_\_\_ As-Built Plan Due Date: \_\_\_\_\_

Inspection Item	No	Yes	Remarks	Date
<b>Inventory of Trees:</b> Did a licensed forester or arborist inventory existing trees? Were the size, species, condition, ecological value, and location of the trees recorded?				
<b>Identification of Trees to Preserve:</b> Average mature spread of at least 35 feet? Were the trees selected to be conserved selected based on species, size, condition, and location?				
<b>Protection of Trees and Soil During Construction:</b> Did a licensed forester or arborist identify the Critical Root Zone (CRZ) around the trees? Were physical barriers properly installed and maintained around the CRZ? If excavating next to CRZ, were roots properly pruned to depth of 18 inches?				
<b>Protection of Trees and Soil After Construction:</b> Is there a Maintenance Covenant in place to protect the preserved trees?				
<b>Selection of Tree Species:</b> Does the tree species have an average mature spread of at least 35 feet? Are the trees container grown or ball and burlap? Do the trees have a minimum caliper size of 1.5 inches?				

**Figure K.11 Tree Planting and Preservation Construction Inspection Report.**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DISTRICT DEPARTMENT OF THE ENVIRONMENT**



**Tree Planting and Preservation Construction Inspection Report—Continued**

Project Name and Address: \_\_\_\_\_ File and WPD No: \_\_\_\_\_

Inspection Item	No	Yes	Remarks	Date
<p><b>Planting Sites:</b></p> <p>Was the appropriate tree planted in the best location based on urban planting constraints?</p> <p>Are clear sight lines provided along street and in parking lots?</p> <p>Is there enough overhead clearance for pedestrians and vehicles?</p> <p>Is there at least 2 cubic feet of useable soil per square foot of average mature tree canopy?</p>				
<p><b>Planting Techniques:</b></p> <p>Is the root collar exposed?</p> <p>Are erosion control blankets or other appropriate practices in place on steep slopes?</p> <p>With slopes steeper than 3:1, are trees planted on a level space on the slope?</p>				
<p><b>Post-Planting Tree Protection:</b></p> <p>Has 2–4 inches of organic mulch been spread over the soil surface out to the drip line of the tree?</p> <p>Are trees staked only if there is a concern of vandalism or windy exposure?</p>				

Owner/Agent \_\_\_\_\_ Inspector \_\_\_\_\_ Date \_\_\_\_\_

**Figure K.11 (continued)**

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DISTRICT DEPARTMENT OF THE ENVIRONMENT



**Stormwater Facility Leak Test**

PLAN # \_\_\_\_\_ WPD/ FILE # \_\_\_\_\_ BUILDING PERMIT # \_\_\_\_\_

SQUARE \_\_\_\_\_ LOT \_\_\_\_\_ PARCEL \_\_\_\_\_

NAME AND LOCATION: \_\_\_\_\_

TYPE OF STRUCTURE: \_\_\_\_\_

BUILT:  Cast-in place  Precast  Other \_\_\_\_\_

METHOD OF TESTING:  H2O  Visual  Other \_\_\_\_\_

READINGS: Start \_\_\_\_\_

Difference \_\_\_\_\_

Allowable \_\_\_\_\_

Results \_\_\_\_\_

DURATION: (24 Hour Reading) \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

(48 Hour Reading) \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

(72 Hour Reading) \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

READINGS TAKEN BY: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

FOR: \_\_\_\_\_

Inspector \_\_\_\_\_ Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

Figure K.12 Stormwater Facility Leak Test form.

