



DINWIDDIE COUNTY

ENVIRONMENTAL DEPARTMENT

EXHIBIT C

GRASS CHANNEL CERTIFICATION FORM

INFORMATION:

Name of Site/Subd.: _____

Company Certifying: _____ Phone: _____

Name of Engineer/Surveyor Inspecting: _____ Inspection Date: _____

Date Facility Became Operational: _____ Total post-development acreage drained to BMP: _____

Geographic Coordinates of SWM/BMP: Latitude: _____ Longitude: _____

The referenced **Grass Channel** facility was field verified for compliance with the approved plans as follows:

Type of Pretreatment:

Sediment Forebay

Check Dam

Grass Filter Strip

Stone Diaphragm

None

Other _____

GENERAL:

| | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Is the facility located on the site according to the approved plans with respect to distances from right-of-way, curb lines, parking areas, sidewalks, structures, etc.? | | |
| Is the facility in need of maintenance? | | |
| Is there evidence of geotechnical failure or poor construction methods? If yes, explain: _____ _____ | | |

GRASS CHANNEL:

| | DESIGN | FIELD |
|-----------------------------------|---------------|--------------|
| Width of Bottom | | |
| Longitudinal Slope of the Channel | | |
| Side Slopes | | |

LEVEL SPREADER:

| | DESIGN | FIELD |
|--------------|---------------|--------------|
| Lip Material | | |
| Length | | |
| Width | | |
| Elevation | | |

CHECK DAMS:

No. of Check Dams: _____

| | YES | NO |
|---------------------------------------------------------------|------------|-----------|
| Downstream toes of the check dams armored? | | |
| Center weir sized to pass the channel design storm peak flow? | | |
| Check dam constructed of non-erosive material? | | |

WATER QUALITY / QUANTITY:

| | DESIGN | FIELD |
|--------------------------|---------------|--------------|
| Water Quality Volume | | |
| Water Quality Elevation | | |
| Water Quantity Volume | | |
| Water Quantity Elevation | | |

Pursuant to 9VAC25-870-55, I hereby certify that to the best of my knowledge and belief the stormwater management facilities shown on these record drawings have been constructed in accordance with the approved plans and specifications.

Name: _____

Signature: _____

Va. License: _____

Date: _____

Certify means to state or declare a professional opinion based on sufficient and appropriate onsite inspections, material tests, as-built survey data, and information provided by other professionals and the contractor, conducted during or after construction.



Additional Comments (if needed):

** Licensed Engineer/Surveyor
Signed Stamp*

**, 'Gpi lpggt Uwt xg{ or inspecting the SWM/BMP must be the one stamping the form.
Must be submitted with original signature in blue/black ink.**