## **Enterprise Builders:** Academy Dental



## **Storm Water Compliance Inspection Form**

PO Box 400 Los Lunas, NM 87042 www.greenglobenm.com

Inspection Type: Storm Event Date: 02-11-2020 Time: 2:39 PM

Permit Tracking #: NMR1002KP, NMR1002LJ Inspector Name: Carlos Flores Qualifications: CISEC Current Weather Conditions: Date and Amount of Last Recordable Storm Event: 02-10-2020 .25

Moderate Snow (Chance)

#### **Construction Time Line:**

Constitution Time Eine.							
Action	Start Date	Date Complete					
Initial BMP Installation							
Clearing and Grubbing	02-04-2020	02-04-2020					
Utility Installation	02-04-2020						
Construction of Structure							
Final Stabilization							

#### Site Walk:

Site wark.				
Question	Yes	No	N/A	Comment
Is there a proper posting sign?	$\boxtimes$			
Are areas that have been disturbed, but not under construction been properly stabilized?				
Velocity Reduction Devices i.e. Check Dams, Berms, Etc.				
Silt Fence	$\boxtimes$			Perimeter Control
Wattles/Filter Sock			$\boxtimes$	
Inlet Protection			$\boxtimes$	
Cut Back Curbs			$\boxtimes$	
Waste Management			$\boxtimes$	
Vehicle Tracking Control	$\boxtimes$			Monitor street and sweep as needed.
Material Storage			$\boxtimes$	
Dust Control	$\boxtimes$			
Street Sweeping	$\boxtimes$			
Construction Washouts i.e. Concrete, Paint, Stucco Etc.				
Discharge Points			$\boxtimes$	
Sanitary Stations	X			
Stockpiles	$\boxtimes$			
Other			$\boxtimes$	Site looks good.

## **Enterprise Builders**

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#### **SWPPP Information:**

Question	Yes	No	N/A	Comment
Is the SWPPP kept on site?	$\boxtimes$			Superintendents truck
Was the SWPPP updated at the time of the inspection?				
Are all certification pages signed?	$\boxtimes$			
Are inspector qualifications in the SWPPP?	$\boxtimes$			
Is there a copy of the NOI and Acknowledgement letter?				
Is there a delegation letter in the SWPPP?	$\boxtimes$			
Was the last inspection/CAL certified?			$\boxtimes$	

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Owner:	Gabe Gonzales						
	Name	Signature	Date				
Operato	r:						
	Name	Signature	Date				

#### **Additional Comments:**

### **Enterprise Builders**

# Enterprise Builders: Academy Dental

### NMR1002KP, NMR1002LJ



**Action Log:** 

	Location	Action Type	Action Required	Date Noted	Date Completed	Initials	
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"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Inspector: Carlos Flores 02-11-2020

Name Signature Date