# **Enterprise Builders:** Academy Dental



## **Storm Water Compliance Inspection Form**

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

Inspection Type: Routine Date: 03-17-2020 Time: 11:56 AM

Permit Tracking #: NMR1002KP, NMR1002LJ Inspector Name: Mario Alderete Qualifications: Inspector

Current Weather Conditions: Date and Amount of Last Recordable Storm Event: 02-10-2020 .25

### **Construction Time Line:**

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

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

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#### **SWPPP Information:**

Question	Yes	No	N/A	Comment
Is the SWPPP kept on site?	$\boxtimes$			Connex Office
Was the SWPPP updated at the time of the inspection?	$\boxtimes$			
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	Operator: Rodney Carver					
	Name	Signature	Date			

#### **Additional Comments:**

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**Action Log:** 

Location Action Type	Action Required Date	oted Date Completed	Initials
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Inspector: Mario Alderete 03-17-2020

Name Signature Date