

City of Albuquerque Stormwater Construction Site Inspection Report

			General	Information				
ESC File No.	E18E005C		Project Name:		PHS Hospice House			
NPDES Id. No.	NMR1003O2 Lo		cation:		6000 Forrest Hills Dr. Ne			
4/10/2023		Owner			Contractor			
Operator		Presbyterian Healthcare Services			Enterprise Builders			
Contact name & title		Diana Lamb			Darren Lewis			
e-mail		dlamb3@phs.org			Dlewis@ebnm.com			
Contact Phone #		505-563-6632			505-865-3951			
COA Inspector		Doug Hughes			Start/End Time:			
Construction Phase:		Building is complete and occupied.						
Type of Inspection:		Regular	Storm Event	Past Storm	Event >0.25"	311/Complaint	Follow Up	
Weath	er at time of i	nspection?	cle	ar	Tempera	ature: ~	78	
Estimated date of last storm 0.25" or greater 3/16/2023								
Item	Deficiency/ Corrective Action							
Number	Deficiency/ corrective Action							
1	None.							
2	The Final Stabilization Criteria CGP2.2.14.c has been satisfied. Now you must send documentation of the Final Stabilization to the EPA with a Notice of Termination (NOT) per CGP 8.2 to end your coverage under the CGP. This step is independent of the Certificate of Occupancy. Please copy me with the documentation and the EPA's acceptance of the NOT.							
2.1	Discharge off site?	(Y/N)	no					
4	Self Inspect	tion Reports	Requested	Latest re	port Date:			
Notes:	Notes: Buildin is complete and occupied. CGP coverage is "Active"							

City of Albuquerque Stormwater Inspector Signature and date:

Contact information: Doug Hughes (505) 924-3420

jhughes@cabq.gov