Enterprise Builders: PHS NMR1003O1, NMR1003O2 Hospice House



Storm Water Compliance Inspection Form

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

Inspection Type: Routine Date: 06-16-2021 Time: 10:13 AM

Permit Tracking #: NMR1003O1, NMR1003O2 Inspector Name: Mario Alderete Qualifications: Inspector

Current Weather Conditions: Date and Amount of Last Recordable Storm Event:

Thunderstorms (Slight Chance)

Construction Time Line:

Action	Start Date	Date Complete
Initial BMP Installation	03-26-2021	
Clearing and Grubbing	04-07-2021	
Utility Installation		
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			
Wattles/Filter Sock	\boxtimes			
Inlet Protection			\boxtimes	
Cut Back Curbs			\boxtimes	
Waste Management			\boxtimes	
Vehicle Tracking Control	\boxtimes			
Material Storage	\boxtimes			
Dust Control	\boxtimes			Water truck onsite
Street Sweeping			\boxtimes	Sweeping street as needed
Construction Washouts i.e. Concrete, Paint, Stucco Etc.				
Discharge Points			\boxtimes	
Sanitary Stations	\boxtimes			
Stockpiles	\boxtimes			
Other			\boxtimes	

Enterprise Builders

Enterprise Builders: PHS Hospice House

NM	R1	003	301	. NI	IR1	.00	302
				,			

SWPPP Information:

Question	Yes	No	N/A	Comment
Is the SWPPP kept on site?	\boxtimes			Kept in 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			
personnel properly gathered and evaluated the information subm	nitted. Bas e best of r	ed on my i ny knowle	inquiry of tl dge and be	direction or supervision in accordance with a system designed to assure that qualified the person or persons who manage the system, or those persons directly responsible lief, true, accurate, and complete. I am aware that there are significant penalties for titions."

Owner:	PHS		
	Name	Signature	Date
Operato	r:		
	Name	Signature	Date

Additional Comments:

Enterprise Builders

Enterprise Builders: PHS NMR1003O1, NMR1003O2 Hospice House



Action Log:

Location	Action Type	Action Required	Date Noted	Date	Initials
				Completed	

"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: Joshua Armijo

// / 06-16-2021

Name Signature Date





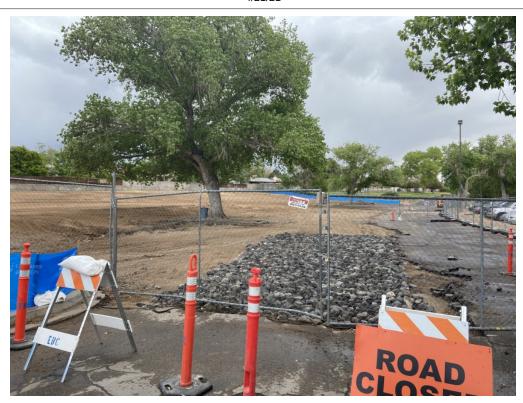


3/31/21





4/21/21



4/28/21





6-16-21