# 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: 06-23-2021 Time: 9:17 AM

Permit Tracking #: NMR1003O1, NMR1003O2 Inspector Name: Joshua Armijo Qualifications: Inspector

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

Thunderstorms (Isolated)

#### Construction Time Line:

Constitution Time Elife.							
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 waik.				
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			$\boxtimes$	

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### **SWPPP Information:**

Question	Yes	No	N/A	Comment
Is the SWPPP kept on site?				Kept in superintendents truck
Was the SWPPP updated at the time of the inspection?				
Are all certification pages signed?				
Are inspector qualifications in the SWPPP?				
Is there a copy of the NOI and Acknowledgement letter?				
Is there a delegation letter in the SWPPP?				
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:	PHS							
	Name	Signature	Date					
Operato	r: Isai hernandez							
	Name	Signature	Date					

### **Additional Comments:**

### **Enterprise Builders**

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Action Log:

	Location	Action Type	Action Required	Date Noted	Date Completed	Initials	
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Inspector: Joshua Armijo

// 06-23-2021

Name Signature Date





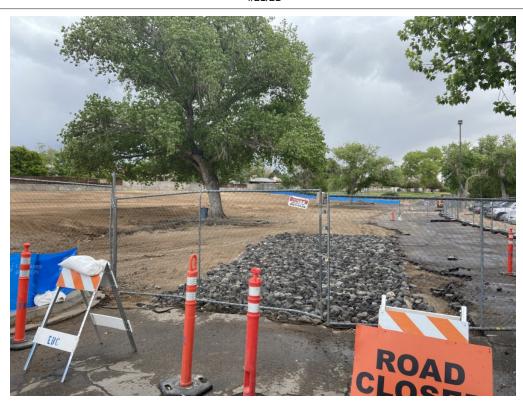


3/31/21





4/21/21



4/28/21





6-16-21



6-23-21