



Storm Water Compliance Inspection Form

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

Inspection Type: Routine

Date: 06-09-2021

Time: 11:07 AM

Permit Tracking #: NMR1003M3

Inspector Name: Mario Alderete

Qualifications: Inspector

Current Weather Conditions:

Date and Amount of Last Recordable Storm Event: 05-31-2021 .5

Construction Time Line:

Action	Start Date	Date Complete
Initial BMP Installation	04-21-2021	04-28-2021
Clearing and Grubbing	04-21-2021	
Utility Installation		
Construction of Structure		
Final Stabilization		

Site Walk:

Question	Yes	No	N/A	Comment
Is there a proper posting sign?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are areas that have been disturbed, but not under construction been properly stabilized?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Velocity Reduction Devices i.e. Check Dams, Berms, Etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Silt Fence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wattles/Filter Sock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inlet Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Cut Back Curbs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Waste Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Vehicle Tracking Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Material Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dust Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Street Sweeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Construction Washouts i.e. Concrete, Paint, Stucco Etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge Points	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sanitary Stations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stockpiles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

SWPPP Information:

Question	Yes	No	N/A	Comment
Is the SWPPP kept on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was the SWPPP updated at the time of the inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all certification pages signed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are inspector qualifications in the SWPPP?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a copy of the NOI and Acknowledgement letter?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a delegation letter in the SWPPP?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Was the last inspection/CAL certified?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

"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: US Eagle FCU

Name

Signature

Date

Operator:

Name

Signature

Date

Additional Comments:



Action Log:

Location	Action Type	Action Required	Date Noted	Date Completed	Initials
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Inspector: Mario Alderete



06-09-2021

Name

Signature

Date

Inspection Photos



4/28/21



5/5/21



6/2/21