



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

Storm Water Compliance Inspection Form

Inspection Type: Routine

Date: 01-21-2020

Time: 12:26 PM

Permit Tracking #: NMR1002FV, NMR1002GI

Inspector Name: Carlos Flores

Qualifications: CISEC

Current Weather Conditions: cloudy

Date and Amount of Last Recordable Storm Event: 11-21-2019 1"

Construction Time Line:

Action	Start Date	Date Complete
Initial BMP Installation		
Clearing and Grubbing		
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Velocity Reduction Devices i.e. Check Dams, Berms, Etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Silt Fence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Wattles/Filter Sock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inlet Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	Trackout grates have been installed
Material Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Dust Control	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Street Sweeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Construction Washouts i.e. Concrete, Paint, Stucco Etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge Points	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	additional BMPs to be installed in phases. Site looks good

SWPPP Information:

Question	Yes	No	N/A	Comment
Is the SWPPP kept on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	yes, office area
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are inspector qualifications in the SWPPP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a copy of the NOI and Acknowledgement letter?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a delegation letter in the SWPPP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: Presbyterian Healthcare Services

NameSignatureDate

Operator: Jeff Smith

NameSignatureDate

Additional Comments:



Action Log:

Location	Action Type	Action Required	Date Noted	Date Completed	Initials
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Inspector: Carlos Flores

01-21-2020

NameSignatureDate