



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

## Storm Water Compliance Inspection Form

**Inspection Type:** Routine

**Date:** 02-11-2020

**Time:** 2:18 PM

**Permit Tracking #:** NMR1002FV, NMR1002GI

**Inspector Name:** Carlos Flores

**Qualifications:** CISEC

**Current Weather Conditions:**  
Moderate Snow (Chance)

**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     | 02-04-2020 |               |
| Utility Installation      | 02-04-2020 |               |
| 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"/>            | Install Filter Sock across silver, to minimize possible sediment runoff |
| 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | SWPPP has been moved |
| 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 |
|----------|-------------|-----------------|------------|----------------|----------|
|----------|-------------|-----------------|------------|----------------|----------|

"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: Carlos Flores | 02-11-2020 |
| Name                     | Signature  |
|                          | Date       |