



PO Box 400  
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## Storm Water Compliance Inspection Form

**Inspection Type:** Routine

**Date:** 03-13-2020

**Time:** 12:30 PM

**Permit Tracking #:** NMR1002FV, NMR1002GI

**Inspector Name:** Mario Alderete

**Qualifications:** Inspector

**Current Weather Conditions:** rain

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silt fence along parts of the West perimeter.
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"/>	Monitor trackout on silver and Oak, Sweep if used.
Material Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	Monitor and sweep as needed.
Construction Washouts i.e. Concrete, Paint, Stucco Etc.	<input type="checkbox"/>	<input checked="" 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. Perimeter site check

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 building south of job site
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
Washout on ground by west end of dumpsters.	Corrective Action	Clean and dispose of washout on ground. Use and post sign of dedicated washout container.	03-03-2020		

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Inspector: Mario Alderete		03-16-2020
Name	Signature	Date