Jaynes Corp: Presbyterian NMR1002FV, NMR1002GI **Hospital site** improvements



Storm Water Compliance Inspection Form

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

Time: 11:02 AM Inspection Type: Routine Date: 06-08-2021

Permit Tracking #: NMR1002FV, NMR1002GI Inspector Name: Mario Alderete Qualifications: Inspector **Current Weather Conditions:** Date and Amount of Last Recordable Storm Event: 12-10-2020 .28

Construction Time Line:

Action	Start Date	Date Complete
Initial BMP Installation	02-04-2020	02-04-2020
Clearing and Grubbing	02-04-2020	02-04-2020
Utility Installation	02-04-2020	
Construction of Structure	09-01-2020	
Final Stabilization		

Site Walk: Ouestion	Yes	No	N/A	Comment
Is there a proper posting sign?	\boxtimes			SWPPP Sign is posted on Mulberry and Silver
Are areas that have been disturbed, but not under construction been properly stabilized?				
Velocity Reduction Devices i.e. Check Dams, Berms, Etc.			\boxtimes	
Silt Fence		X		
Wattles/Filter Sock	\boxtimes			
Inlet Protection				
Cut Back Curbs			\boxtimes	
Waste Management	\boxtimes			
Vehicle Tracking Control				Refresh trackout at NW corner of site.
Material Storage	\boxtimes			
Dust Control	\boxtimes			
Street Sweeping			\boxtimes	Sweeping is being done as needed
Construction Washouts i.e. Concrete, Paint, Stucco Etc.	\boxtimes			
Discharge Points	\boxtimes			
Sanitary Stations	\boxtimes			
Stockpiles	\boxtimes			Stockpiles are being actively used.
Other			\boxtimes	

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NIME 1	OO2EV/	NINAD	10020
IMINIKT	UUZHV	, IVIVIK	1002G

Date

SWPPP Information:

Question	Yes	No	N/A	Comment
Is the SWPPP kept on site?				book moved to construction trailer 5/4/21
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?				
personnel properly gathered and evaluated the information sub for gathering the information, the information submitted is, to t submitting false information, including the possibility of fine an	mitted. Bas he best of r	ed on my i my knowle	inquiry of t dge and be	direction or supervision in accordance with a system designed to assure that qualified the person or persons who manage the system, or those persons directly responsible elief, true, accurate, and complete. I am aware that there are significant penalties for ations."
Owner: Presbyterian Healthcare Services				
Name Signature				Date
Operator: Lorenzo Garcia				

Name Additional Comments:

Signature

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Action Log:

Location	Action Type	Action Required	Date Noted	Date Completed	Initials				
Silt fence	Maintenance	Silt fence needs to be repaired	03-02-2021						
West perimeter	Corrective Action	Need to clean and adjust inlet protection	06-01-2021						
North west entrance	Maintenance	Refresh trackout pad at NW corner of site.	12-15-2020						

"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: Mario Alderete
Name

Signatura

06-08-2021

Date

Storm event 12-10-20 .28





2/16/21



2/23/21



2/23/21



3/16/21



3/23/21



3/30/21



4/12/21





6/1/21

