



## Storm Water Compliance Inspection Form

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

**Inspection Type:** Routine

**Date:** 07-06-2021

**Time:** 10:44 AM

**Permit Tracking #:** NMR1002FV, NMR1002GI

**Inspector Name:** Mario Alderete

**Qualifications:** Inspector

**Current Weather Conditions:**  
Thunderstorms (Numerous)

**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:

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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Wattles/Filter Sock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inlet Protection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cut Back Curbs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Waste Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle Tracking Control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	paved entrance
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sweeping is being done as needed
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"/>	Stockpiles are being actively used.
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"/>	book moved to construction trailer 5/4/21
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: Lorenzo Garcia

NameSignatureDate

Additional Comments:

**Action Log:**

Location	Action Type	Action Required	Date Noted	Date Completed	Initials
Silt fence	Maintenance	Silt fence needs to be repaired	03-02-2021		
Silt fence on storage yard south end	Corrective Action	Need silt fence installed	06-15-2021		
South East perimeter	Corrective Action	Silt fence needs to be installed	06-15-2021		
West perimeter	Corrective Action	Need to clean and adjust inlet protection	06-01-2021		
South west entrance	Corrective Action	Inlet protection needs to be replaced and cleaned	06-15-2021		

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Inspector: Mario Alderete

A handwritten signature in black ink, appearing to read 'Mario Alderete', is written over a horizontal line.

07-06-2021

Name

Signature

Date

## Inspection Photos



Storm event 12-10-20 .28

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2/16/21



2/16/21



2/23/21



2/23/21

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3/16/21



3/23/21



3/30/21



4/12/21



5/4/21



6/1/21



6/8/21



6-15-21

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6-22-21