

## Stormwater Construction Site Inspection Report

General Information			
Project Name	HOLIDAY INN EXPRESS		
NPDES Tracking No.	Location	ABQ, NM	
Date of Inspection	07/01/19	Start/End Time	2:00-3:00
Inspector's Name(s)	OWEN JOHNSON, SUPER		
Inspector's Title(s)			
Inspector's Contact Information	(505) 304-7940		
Inspector's Qualifications	YES		
Describe present phase of construction	INTERIOR/STUCCO + SITE GRADING/CONCRETE PAVED		
Locations of inspection			
Unsafe conditions	<input checked="" type="checkbox"/>		
<b>Type of Inspection/Frequency:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event <input type="checkbox"/> Every 7 Days <input checked="" type="checkbox"/> Every 14 Days and 24 hrs of 0.25" of Rain <input type="checkbox"/> Increased Frequency <input type="checkbox"/> Reduced Frequency			
Weather Information			
<b>Has there been a storm event since the last inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If yes, provide:</b> Storm Start Date & Time:                      Storm Duration (hrs):                      Approximate Amount of Precipitation (in): How did you determine if 0.25" <input type="checkbox"/> Rain Gauge <input type="checkbox"/> Weather Station representative of site			
<b>Weather at time of this inspection?</b> <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other:                      Temperature: HOT 90's			
<b>Have any discharges occurred since the last inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If yes, describe:</b>			
<b>Are there any discharges at the time of inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If yes, describe:</b>			

### Site-specific BMPs

- Number the structural and non-structural BMPs identified in your SWPPP on your site map and list them below (add as many BMPs as necessary). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required BMPs at your site.
- Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

	BMP Type/Location	BMP Maintenance?	Corrective Action Required?	Dates first identified/ Notes
1	AGG BAGS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	INSTALLED ON WEST-SIDE GUTTER
2	EROSION LOGS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	REMOVED FROM GUTTER/MAINTENANCE
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	BMP Type/Location	BMP Maintenance?	Corrective Action Required?	Dates first identified/ Notes
12		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Overall Site Issues

Below are some general site issues that should be assessed during inspections. Customize this list as needed for conditions at your site.

	BMP/activity	Implemented?	Maintenance Required?	Corrective Action Needed and Notes
1	Are all slopes and disturbed areas not actively being worked properly stabilized?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WET SUPPRESSION
2	Are natural resource areas (e.g., streams, wetlands, mature trees, etc.) protected with barriers or similar BMPs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DAILY WALKTHROUGHS
3	Are perimeter controls and sediment barriers adequately installed (keyed into substrate) and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	EARTH BERM FINISHED ON WEST-SIDE
4	Are discharge points and receiving waters free of any sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MAINTENANCE OF BMP'S
5	Are storm drain inlets properly protected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6	Is the construction exit preventing sediment from being tracked into the street?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	VEHICLE TRACK-OUT PAD INSTALLED
7	Is trash/litter from work areas collected and placed in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	YES, DAILY MAINTENANCE
8	Are washout facilities (e.g., paint, stucco, concrete) available, clearly marked, and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PLASTIC PLACED IN WASH-OUT HOLE



	BMP/activity	Implemented?	Maintenance Required?	Corrective Action Needed and Notes
9	Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10	Are materials that are potential stormwater contaminants stored inside or under cover?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TARP READY TO COVER DUMSTER
11	Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Any Discharges onsite? Describe?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

#### Non-Compliance

Describe any incidents of non-compliance not described above:

HEAVY TRUCK -OUT AND POTENTIAL RUN-OFF ISSUES, INSTALLED LARGE PONDING PIT, EARTHEN BERM, AND VEHICLE TRACK OUT PAD.

#### CERTIFICATION STATEMENT

"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."

Print name and title: OWEN JOHNSON

Signature: [Signature] Date: 07/01/19

"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."

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