

Stormwater Construction Site Inspection Report

General Information			
Project Name	HOLIDAY INN EXPRESS		
NPDES Tracking No.	NMR100/FF	Location	ABQ, NM
Date of Inspection	08/09/19	Start/End Time	7:00-8:00 A.M.
Inspector's Name(s) Inspector's Title(s)	OWEN JOHNSON		
Inspector's Contact Information	(505) 304-7940		
Inspector's Qualifications	YES		
Describe present phase of construction	INTERIOR FINISHES, STUCCO/EEPS		
Locations of inspection			
Unsafe conditions	NO		
Type of Inspection/Frequency: <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			
Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide: 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			
Weather at time of this inspection? <input checked="" type="checkbox"/> Clear <input 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: 90's			
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
Are there any discharges at the time of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: TRACK-OUT ON WEST SIDE			

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 @ WEST	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Divert water from dirt
2	WASH-OUT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLING WASHOUT ON EAST-SIDE
3	POND POOL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	WEST POND POOL
4	DIVERSION CHANNEL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NW DIRT CUTTER TO POND POOL
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 type="checkbox"/> Yes <input type="checkbox"/> No N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Are perimeter controls and sediment barriers adequately installed (keyed into substrate) and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4	Are discharge points and receiving waters free of any sediment deposits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	DAILY SWEEPING OF TRACK OUT
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	ETPS DEBRIS + DRYWALL
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	EAST SIDE WASH-OUT

	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11	Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12	Any Discharges onsite? Describe?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Non-Compliance

Describe any incidents of non-compliance not described above:

EXCESSIVE EFTS DEBRIS. PAINT/TEXTURE WASH-OFF NOT IN DEDICATED AREA. MISC. TRASH AND DEBRIS ON SITE.

CORRECTIVE ACTION BEING TAKEN

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 SUPER

Signature: [Signature] Date: 08/09/19

"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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