



Storm Water Compliance Inspection Form

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

Inspection Type: Routine

Date: 01-02-2024

Time: 11:10 AM

Permit Tracking #: NMR10064C

Inspector Name: John Paiz

Qualifications: Inspector

Current Weather Conditions: Clear

Date and Amount of Last Recordable Storm Event:

Construction Time Line:

Action	Start Date	Date Complete
Initial BMP Installation	01-01-2024	01-01-2024
Clearing and Grubbing	01-01-2024	
Utility Installation		
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Inlet Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Material Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Dust Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Street Sweeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Construction Washouts i.e. Concrete, Paint, Stucco Etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge Points	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sanitary Stations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Stockpiles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Was the SWPPP updated at the time of the inspection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are all certification pages signed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are inspector qualifications in the SWPPP?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a copy of the NOI and Acknowledgement letter?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a delegation letter in the SWPPP?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: Flightway LLC

Name

Signature

Date



Operator: Sean Jariwala

Name

Signature

01-08-2024

Date

Additional Comments:

**Action Log:**

Location	Action Type	Action Required	Date Noted	Date Completed	Initials
Flightway	Maintenance	Silt fence requires maintenance	01-02-2024		
West perimeter	Maintenance	Silt fence requires maintenance	01-02-2024		

"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."

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

Inspector: John Paiz

01-02-2024

Name

Signature

Date

Site Walk Deficiency Photos - Flightway



Site Walk Deficiency Photos - West perimeter

