

General Information
(see reverse for instructions)

Name of Project	Volterra Village	NPDES ID No.	NMR 1000AZ	Inspection Date	8/16/19
Weather conditions during inspection	Clear	Inspection start time	1pm	Inspection end time	1:15pm
Inspector Name, Title & Contact Information	Eddie Loren 505-991-0807 Dave Vautier 505-720-6752.				
Present Phase of Construction	12 Houses Under Construction				
Inspection Location (if multiple inspections are required, specify location where this inspection is being conducted)	[REDACTED]				

Inspection Frequency (Note: you may be subject to different inspection frequencies in different areas of the site. Check all that apply)

Standard Frequency:

- ☒ Every 7 days
- ☐ Every 14 days and within 24 hours of a 0.25" rain or the occurrence of runoff from snowmelt sufficient to cause a discharge

Increased Frequency:

- ☐ Every 7 days and within 24 hours of a 0.25" rain (for areas of sites discharging to sediment or nutrient-impaired waters or to waters designated as Tier 2, Tier 2.5, or Tier 3)

Reduced Frequency:

- ☐ Twice during first month, no more than 14 calendar days apart; then once per month after first month; (for stabilized areas)
- ☐ Twice during first month, no more than 14 calendar days apart; then once more within 24 hours of a 0.25" rain (for stabilized areas on "linear construction sites")
- ☐ Once per month and within 24 hours of a 0.25" rain (for arid, semi-arid, or drought-stricken areas during seasonally dry periods or during drought)
- ☐ Once per month (for frozen conditions where earth-disturbing activities are being conducted)

Was this inspection triggered by a 0.25" storm event? ☐ Yes ☒ No

If yes, how did you determined whether a 0.25" storm event has occurred?

- ☐ Rain gauge on site ☐ Weather station representative of site. Specify weather station source:

Total rainfall amount that triggered the inspection (in inches):

Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge? ☐ Yes ☒ No

Unsafe Conditions for Inspection

Did you determine that any portion of your site was unsafe for inspection per CGP Part 4.5? ☐ Yes ☒ No

If "yes", complete the following:

- Describe the conditions that prevented you from conducting the inspection in this location:
- Location(s) where conditions were found:

Condition and Effectiveness of Erosion and Sediment (E&S) Controls (GGP Form 22) (see reverse for instructions)

Type/Location of E&S Control [Add an additional sheet if necessary]	Maintenance Needed?*	Corrective Action Required?*	Date on Which Maintenance or Corrective Action First Identified?	Notes
Stormdrain Inlet protection 1. North end of Volponi North end of Domino West end of Monachos	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Stormdrain Inlet protection North end of Borrego North end of Gulfstream	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Cutbacks at curb Block 8/1-10 Block 7/1-6 and 23-28	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Cutbacks at curb Block 9/1-4 Block 11/1-4	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8/15/19	Cutbacks needed along 1632/1636 Golfstream Final Grade 8/20
Silt Fence Block 8 lot 10	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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		

* **Note:** The permit differentiates between conditions requiring routine maintenance, and those requiring corrective action. The permit requires maintenance in order to keep controls in effective operating condition. Corrective actions are triggered only for specific conditions, which include: 1) A stormwater control needs repair or replacement (beyond routine maintenance) if it is not operating as intended; 2) A stormwater control necessary to comply with the permit was never installed or was installed incorrectly; 3) You become aware that the stormwater controls you have installed and are maintaining are not effective enough for the discharge to meet applicable water quality standards or applicable requirements in Part 3.1; 4) One of the prohibited discharges in Part 1.3 is occurring or has occurred; or 5) EPA requires corrective actions as a result of a permit violation found during an inspection carried out under Part 4.8. If a condition on your site requires a corrective action, you must also fill out a corrective action form found at <https://www.epa.gov/hpdes/stormwater-discharges-construction-activities#resources>. See Part 5 of the permit for more information.

Condition and Effectiveness of Pollution Prevention (P2) Practices (CCP Part 2.3)

(See reverse for instructions)

Type/Location of P2 Practices [Add an additional sheet if necessary]	Maintenance Needed?*	Corrective Action Required?*	Date on Which Maintenance or Corrective Action First Identified?	Notes
1. Concrete washout	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8/13/19	Full Washout. Sweep out w/ Empty.
2. Paint / Stucco washouts	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/13/19	Washouts in Diet Along Gulfstream Dr. (1624-1636 Gulfstream), Sweep & Clean, Sided 8/19
3. Trash Bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8/13/19	Trash Bins: Empty 1636 - Add Trash Bin to Gulfstream Completed 8/19/19 (50)
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		

* **Note:** The permit differentiates between conditions requiring routine maintenance, and those requiring corrective action. The permit requires maintenance in order to keep controls in effective operating condition. Corrective actions are triggered only for specific conditions, which include: 1) A stormwater control needs repair or replacement (beyond routine maintenance) if it is not operating as intended; 2) A stormwater control necessary to comply with the permit was never installed or was installed incorrectly; 3) You become aware that the stormwater controls you have installed and are maintaining are not effective enough for the discharge to meet applicable water quality standards or applicable requirements in Part 3.1; 4) One of the prohibited discharges in Part 1.3 is occurring or has occurred; or 5) EPA requires corrective actions as a result of a permit violation found during an inspection carried out under Part 4.8. If a condition on your site requires a corrective action, you must also fill out a corrective action form found at <https://www.epa.gov/npdes/stormwater-discharges-construction-activities#resources>. See Part 5 of the permit for more information.

Stabilization of Exposed Soil (CCRP Part 2.21.4) <small>(see reverse for instructions)</small>			
Stabilization Area [Add an additional sheet if necessary]	Stabilization Method	Have You Initiated Stabilization?	Notes
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide date:	
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide date:	
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide date:	
4.		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide date:	
5.		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide date:	

Description of Discharges (CCRP Part 4.6.6) <small>(see reverse for instructions)</small>	
Was a stormwater discharge or other discharge occurring from any part of your site at the time of the inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Discharge Location [Add an additional sheet if necessary]	Observations
1.	Describe the discharge: At points of discharge and the channels and banks of waters of the U.S. in the immediate vicinity, are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe what you see, specify the location(s) where these conditions were found, and indicate whether modification, maintenance, or corrective action is needed to resolve the issue:
2.	Describe the discharge: At points of discharge and the channels and banks of waters of the U.S. in the immediate vicinity, are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe what you see, specify the location(s) where these conditions were found, and indicate whether modification, maintenance, or corrective action is needed to resolve the issue:

Contractor or Subcontractor Signature and Certification
(see reverse for instructions)

"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 have no personal knowledge that the information submitted is other than 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."

Signature of Contractor or Subcontractor: _____

Date: _____

Printed Name and Affiliation: _____

Operator Signature and Certification
(see reverse for instructions)

"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 have no personal knowledge that the information submitted is other than 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."

Signature of Operator or "Duly Authorized Representative": _____

Date: 8/16/19

Printed Name and Affiliation: _____

Jake Varner, CR