

## City of Albuquerque Stormwater Construction Site Inspection Report

| General Information                                     |                                                                                                            |                                                                                                       |               |            |                             |             |  |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------|------------|-----------------------------|-------------|--|
| ESC File No. R16E006A                                   |                                                                                                            | A_WW Project Name:                                                                                    |               |            | MDS Unit 4                  |             |  |
| NPDES Id. No. NMR10                                     |                                                                                                            | 04HK                                                                                                  | 4HK Location: |            | Strand Loop and O'Keefe Ave |             |  |
| 3/24/2025                                               |                                                                                                            | Owner                                                                                                 |               | Contractor |                             |             |  |
| Operator                                                |                                                                                                            | Westway Homes                                                                                         |               |            |                             |             |  |
| Contact name & title                                    |                                                                                                            | Michael Fietz                                                                                         |               |            |                             |             |  |
| e-mail                                                  |                                                                                                            | mikef@thewestway.com                                                                                  |               |            |                             |             |  |
| Contact Phone #                                         |                                                                                                            | 505-379-5388                                                                                          |               |            |                             |             |  |
| COA Inspector                                           |                                                                                                            | Chancellor English                                                                                    |               |            | Start/End Time:             | 1230pm      |  |
| Construction Phase:                                     |                                                                                                            | >75% houses complete, still some vacant lots                                                          |               |            |                             |             |  |
| Type of Inspection:                                     |                                                                                                            | Regular Storm Event Post Storm I                                                                      |               |            |                             |             |  |
| Weather at time of i                                    |                                                                                                            | nspection?                                                                                            | Clea          | ir         | Tempera                     | ature: ~ 65 |  |
| Estimated date of last storm 0.25" or greater 11/7/2024 |                                                                                                            |                                                                                                       |               |            |                             |             |  |
| Item                                                    |                                                                                                            |                                                                                                       |               |            |                             |             |  |
| Number                                                  | Deficiency/ Corrective Action                                                                              |                                                                                                       |               |            |                             |             |  |
|                                                         |                                                                                                            |                                                                                                       |               |            |                             |             |  |
| 1                                                       | The SWPPP for Westway Homes Mesa Del Sol Unit 4 and the related inspection reports are missing the         |                                                                                                       |               |            |                             |             |  |
|                                                         | certification signatures of the operator in violation of CGP Parts 4.7.2 and 7.2.10. The latest inspection |                                                                                                       |               |            |                             |             |  |
|                                                         | report included in the SWPPP is dated 1/9/2025 in violation of CGP Part 4.7.3. Required mitigation:        |                                                                                                       |               |            |                             |             |  |
|                                                         | Your signatory must sign and date your SWPPP and all inspection reports in accordance with CGP             |                                                                                                       |               |            |                             |             |  |
|                                                         | Appendix G, Part G.11 per CGP Parts 4.7.2 and 7.2.10. You must keep a copy of all inspection reports       |                                                                                                       |               |            |                             |             |  |
|                                                         |                                                                                                            | t the site or at an easily accessible location, so that they can be made immediately available at the |               |            |                             |             |  |
|                                                         |                                                                                                            | ·                                                                                                     |               |            |                             |             |  |
|                                                         | ime of an on-site inspection per CGP Part 4.7.3.                                                           |                                                                                                       |               |            |                             |             |  |
|                                                         |                                                                                                            |                                                                                                       |               |            |                             |             |  |
|                                                         |                                                                                                            |                                                                                                       |               |            |                             |             |  |
|                                                         |                                                                                                            |                                                                                                       |               |            |                             |             |  |
|                                                         |                                                                                                            |                                                                                                       |               |            |                             |             |  |
|                                                         |                                                                                                            |                                                                                                       |               |            |                             |             |  |
|                                                         |                                                                                                            |                                                                                                       |               |            |                             |             |  |
|                                                         |                                                                                                            |                                                                                                       |               |            |                             |             |  |
|                                                         |                                                                                                            |                                                                                                       |               |            |                             |             |  |
| 2.1                                                     | Discharge off site?                                                                                        | (Y/N)                                                                                                 | no            |            |                             |             |  |
| 4                                                       | Self Inspect                                                                                               | tion Reports                                                                                          | Yes           | Latest rep | oort Date:                  | 1/9/2025    |  |
|                                                         | 331111111111111111111111111111111111111                                                                    |                                                                                                       | 1             |            |                             | _,,,        |  |
|                                                         |                                                                                                            |                                                                                                       |               |            |                             |             |  |
|                                                         |                                                                                                            |                                                                                                       |               |            |                             |             |  |
| Notes:                                                  |                                                                                                            |                                                                                                       |               |            |                             |             |  |
| The SWPPPs are at 4222 Dekooning Ave SE.                |                                                                                                            |                                                                                                       |               |            |                             |             |  |
| The Delegation of Authority page is blank.              |                                                                                                            |                                                                                                       |               |            |                             |             |  |

City of Albuquerque Stormwater Inspector Signature and date: 3/26/2025

Contact information: Chancellor English (505) 924-3325

cenglish@cabq.gov

Chancellor English