



Submission of this Notice of Termination constitutes notice that the operator identified in Section III of this form is no longer authorized discharge pursuant to the NPDES Construction General Permit (CGP) from the site identified in Section IV of this form. All necessary information must be included on this form. Refer to the instructions at the end of this form.

Permit Information

NPDES ID: NMR1004RS

Reason for Termination: You have completed construction activities at your site, and you have met all other requirements in Part 8.2.1.

Use the space below to attach either ground or aerial photographs that show your site's compliance with the Part 2.2.14 stabilization requirements.

Name	Uploaded Date	Size
20230807_111546.jpg (attachment/1733202)	09/06/2023	5.09 MB
20230807_111528.jpg (attachment/1733203)	09/06/2023	1.46 MB
20230807_111445.jpg (attachment/1733204)	09/06/2023	1.45 MB
20230807_111416.jpg (attachment/1733205)	09/06/2023	1.03 MB
20230807_111329.jpg (attachment/1733206)	09/06/2023	1.09 MB
20230807_111314.jpg (attachment/1733207)	09/06/2023	3.02 MB
20230807_111259.jpg (attachment/1733209)	09/06/2023	1.77 MB
20230807_111305.jpg (attachment/1733208)	09/06/2023	1.17 MB
20230807_111248.jpg (attachment/1733210)	09/06/2023	1.21 MB
20230807_111243.jpg (attachment/1733211)	09/06/2023	1.49 MB
Before.pdf (attachment/1733212)	09/06/2023	2.26 MB

Please include the date each photograph was taken, and a brief description of the area of the site captured by the photograph (e.g., photo shows application of seed and erosion control mats to remaining exposed surfaces on the northeast corner of site).

After pictures taken 8/7/2023 to show stabilized site.

Operator Information

Operator Name: CMP, Inc.

Address Line 1: 901 Lamberton Pl Ne

Address Line 2:

City: Albuquerque

ZIP/Postal Code: 87107

State: NM

County or Similar Division: Bernalillo

Phone: 505-822-0477

Ext.:

Email: cortney.campbell@cmp-inc.net

Operator Point of Contact

First Name Middle Initial Last Name: Cortney Campbell

Project/Site Information

Project/Site Name: Blue Cross Animal Hospital

Project/Site Address

Address Line 1: 1650 University Blvd NE

Address Line 2:

City: Albuquerque

ZIP/Postal Code: 87106

State: NM

County or Similar Division: Bernalillo

Certification Information

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. Signing an electronic document on behalf of another person is subject to criminal, civil, administrative, or other lawful action.

Certified By: Cortney Campbell

Certifier Title: Project Manager

Certifier Email: cort@cmp-inc.net

Certified On: 09/06/2023 6:46 PM ET