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## Permit Information

NPDES ID: NMR1005EO**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      |
|--------------------------------------|---------------|-----------|
| TC_05036.JPG (attachment/1930631)    | 10/15/2024    | 3.00 MB   |
| TC_05037.JPG (attachment/1930632)    | 10/15/2024    | 3.60 MB   |
| TC_05038.JPG (attachment/1930633)    | 10/15/2024    | 2.94 MB   |
| TC_05039.JPG (attachment/1930634)    | 10/15/2024    | 3.08 MB   |
| TC_05040.JPG (attachment/1930635)    | 10/15/2024    | 4.26 MB   |
| TC_05041.JPG (attachment/1930636)    | 10/15/2024    | 3.92 MB   |
| TC_05042.JPG (attachment/1930637)    | 10/15/2024    | 3.03 MB   |
| TC_05043.JPG (attachment/1930638)    | 10/15/2024    | 4.04 MB   |
| TC_05044.JPG (attachment/1930639)    | 10/15/2024    | 4.08 MB   |
| TC_05045.JPG (attachment/1930640)    | 10/15/2024    | 4.23 MB   |
| Aerial View.jpg (attachment/1930641) | 10/15/2024    | 615.43 KB |

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).

The final stabilization photos were captured on 10/2/2024 and show the completed parking lot, landscaping and fencing. The aerial photo provides the preconstruction surfacing. The project is in a semi - arid area and subject to the final vegetative stabilization exception for semi - arid environments.

## Operator Information

**Operator Name:** Presbyterian Healthcare Services**Address Line 1:** P.O. Box 26666**Address Line 2:****City:** Albuquerque**ZIP/Postal Code:** 87125**State:** NM**County or Similar Division:** Bernalillo**Phone:** 505-563-6632**Ext.:****Email:** dlamb3@phs.org

## Operator Point of Contact

**First Name** **Middle Initial** **Last Name:** Diana Lamb

## Project/Site Information

**Project/Site Name:** Presbyterian Kaseman Hospital Southeast Parking Lot

## Project/Site Address

**Address Line 1:** Kaseman Ct. NE & Constitution Pl. NE**Address Line 2:****City:** Albuquerque

ZIP/Postal Code: 87110

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:** Diana Lamb

**Certifier Title:** Sr. Project Manager, Real Estate

**Certifier Email:** dlamb3@phs.org

**Certified On:** 10/15/2024 1:50 PM ET