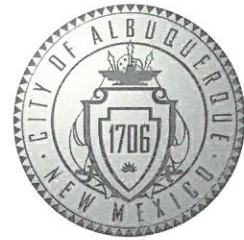


CITY OF ALBUQUERQUE

Hydrology Section Planning Department
David S. Campbell, Director



Timothy M. Keller, Mayor

January 24, 2018

John Andrews, P.E.
Larkin Group NM, Inc.
8500 Menaul Blvd. NE, Suite A-440
Albuquerque NM 87112

**RE: Central Atrisco Drainage Improvements City Project No. 6749
LOMR Request Engineer's Stamp 11-10-2017 – Disapproved
Hydrology File: (K12D036)**

Dear Mr. Andrews,

Based on the information provided in your LOMR Request received 11/30/17, the above referenced LOMR Request is approved and will be forwarded to FEMA by me. Attached please find the Community Concurrence form signed by me.

If you have any questions, please contact me at 924-3986 or jhughes@cabq.gov.

Sincerely,

James D. Hughes P.E.
Principal Engineer, Planning Dept.
Development Review Services

PO Box 1293

Albuquerque

NM 87103

www.cabq.gov

b. The area of revision encompasses the following structures (check all that apply)

Structures:

☐ Channelization

☐ Levee/Floodwall

☐ Bridge/Culvert

☐ Dam

☐ Fill

☒ Other (Attach Description)

6. ☐ Documentation of ESA compliance is submitted (required to initiate CLOMR review). Please refer to the instructions for more information.

C. REVIEW FEE

Has the review fee for the appropriate request category been included?

☐ Yes

Fee amount: \$_____

NO ALL PROJECTS WERE PUBLIC FUNDED

☒ No, Attach Explanation

Please see the DHS-FEMA Web site at http://www.fema.gov/plan/prevent/fhm/frm_fees.shtml for Fee Amounts and Exemptions.

D. SIGNATURE

All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.

Name: James D Hughes

Company: City of Albuquerque

Mailing Address:
PO Box 1293

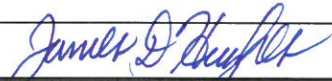
Albuquerque NM, 87103

Daytime Telephone No.: 505-924-3986

Fax No.: 505-

E-Mail Address: jhughes@cabq.gov

Signature of Requester (required):



Date:

1-24-2018

As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this Letter of Map Revision (LOMR) or conditional LOMR request. Based upon the community's review, we find the completed or proposed project meets or is designed to meet all of the community floodplain management requirements, including the requirements for when fill is placed in the regulatory floodway, and that all necessary Federal, State, and local permits have been, or in the case of a conditional LOMR, will be obtained. For Conditional LOMR requests, the applicant has documented Endangered Species Act (ESA) compliance to FEMA prior to FEMA's review of the Conditional LOMR application. For LOMR requests, I acknowledge that compliance with Sections 9 and 10 of the ESA has been achieved independently of FEMA's process. For actions authorized, funded, or being carried out by Federal or State agencies, documentation from the agency showing its compliance with Section 7(a)(2) of the ESA will be submitted. In addition, we have determined that the land and any existing or proposed structures to be removed from the SFHA are or will be reasonably safe from flooding as defined in 44CFR 65.2(c), and that we have available upon request by FEMA, all analyses and documentation used to make this determination.

Community Official's Name and Title: James D Hughes, Floodplain Administrator

Community Name: City of Albuquerque

Mailing Address:
PO Box 1293

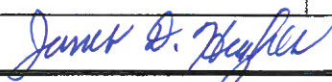
Albuquerque, NM 87103

Daytime Telephone No.: 505-924-3986

Fax No.: 505-

E-Mail Address: jhughes@cabq.gov

Community Official's Signature (required):



Date:

1-24-2018

CERTIFICATION BY REGISTERED PROFESSIONAL ENGINEER AND/OR LAND SURVEYOR

This certification is to be signed and sealed by a licensed land surveyor, registered professional engineer, or architect authorized by law to certify elevation information data, hydrologic and hydraulic analysis, and any other supporting information as per NFIP regulations paragraph 65.2(b) and as described in the MT-2 Forms Instructions. All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.

Certifier's Name: John A. Andrews, P.E.

License No.: NM 3960

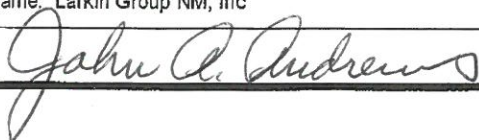
Expiration Date: 12/31/18

Company Name: Larkin Group NM, Inc

Telephone No.: 505-275-7500

Fax No.: 505-275-0748

Signature:



Date: 1/22/2018

E-Mail Address: jandrews@larkinmn.com