NPDES FORM 3510-13



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 NOTICE OF TERMINATION (NOT) FOR THE 2017 NPDES CONSTRUCTION PERMIT

FORM Approved OMB No. 2040-0004

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.

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NPDES ID: NMR1002GI	
Reason for Termination: Earth Disturbing Activities Complete and all other requirements have been	on met.
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: 505-814-1769 Ext.:	
Email: jjeppson@phs.org	
Operator Point of Contact	
First Name Middle Initial Last Name: Jim Jeppson	
Project/Site Information	•
Project/Site Name: Presbyterian Hospital Site Improvements	
Project/Site Name: Presbyterian Hospital Site Improvements	
Project/Site Name: Presbyterian Hospital Site Improvements Project/Site Address Address Line 1: 1100 Central Ave. SE	
Project/Site Address	City: Albuquerque
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Project/Site Address Address Line 1: 1100 Central Ave. SE Address Line 2:	
Project/Site Address Address Line 1: 1100 Central Ave. SE Address Line 2: ZIP/Postal Code: 87106	
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Project/Site Address Address Line 1: 1100 Central Ave. SE Address Line 2: ZIP/Postal Code: 87106 County or Similar Division: Bernalillo Certification Information I certify under penalty of law that this document and all attachments were prepared under my directive evaluated the information submitted. Based on my inquiry of the person or persons who manage the	State: NM
Project/Site Address Address Line 1: 1100 Central Ave. SE Address Line 2: ZIP/Postal Code: 87106 County or Similar Division: Bernalillo Certification Information I certify under penalty of law that this document and all attachments were prepared under my directive valuated the information submitted. Based on my inquiry of the person or persons who manage the of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted.	State: NM ion or supervision in accordance with a system designed to assure that qualified personnel properly gathered and e system, or those persons directly responsible for gathering the information, the information submitted is, to the best
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Project/Site Address Address Line 1: 1100 Central Ave. SE Address Line 2: ZIP/Postal Code: 87106 County or Similar Division: Bernalillo Certification Information I certify under penalty of law that this document and all attachments were prepared under my directive evaluated the information submitted. Based on my inquiry of the person or persons who manage the of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information, including the possibility of fine and imprisonment for knowing violations action. Certified By: Diana Lamb Certifier Title: Sr. Project Manager, Real Estate	State: NM ion or supervision in accordance with a system designed to assure that qualified personnel properly gathered and e system, or those persons directly responsible for gathering the information, the information submitted is, to the best formation submitted is other than true, accurate, and complete. I am aware that there are significant penalties for