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.

Permit Information	•
NPDES ID: NMR1002V2	
Reason for Termination: Earth Disturbing Activities Complete and all other requirements have	ve been met.
Operator Information	•
Operator Name: Presbyterian Healthcare Services	
Address Line 1: PO Box 26666	
Address Line 2:	City: Albuquerque
ZIP/Postal Code: 87125	State: NM
County or Similar Division: Bernalillo	
Phone: 505-841-1769 Ext.:	
Email: JJeppson@phs.org	
Operator Point of Contact	
First Name Middle Initial Last Name: Jim Jeppson	
Project/Site Information	•
Project/Site Name: PHS SE Parking Garage	
Project/Site Address	
Address Line 1: 1300 Central Ave. SE	
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	
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 mana of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that	direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and age the system, or those persons directly responsible for gathering the information, the information submitted is, to the best the information submitted is other than true, accurate, and complete. I am aware that there are significant penalties for
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