



This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0305). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations (40 CFR 122.41(h)). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 1 to 2 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit Information

NPDES ID: NMR10049J

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
pro-sw5V4fUu.jpeg (attachment/1731421)	09/01/2023	1.49 MB
pro-Ro5pTugP.jpeg (attachment/1731420)	09/01/2023	883.87 KB
pro-GIV5OUWO.jpeg (attachment/1731419)	09/01/2023	1016.89 KB
pro-DuQitDnZf.jpeg (attachment/1731418)	09/01/2023	1.12 MB
pro-3u7a734N.jpeg (attachment/1731417)	09/01/2023	951.54 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).

Photos showing landscaped and paved areas.

Operator Information

Operator Name: GREATER ALBUQUERQUE HOUSING PARTNERSHIP

Address Line 1: 320 GOLD AVE. SW

Address Line 2: SUITE 918

City: ALBUQUERQUE

ZIP/Postal Code: 87102

State: NM

County or Similar Division: Bernalillo

Phone: 505-980-5922

Ext.:

Email: FELIPE@ABQGAHP.ORG

Operator Point of Contact

First Name Middle Initial Last Name: FELIPE RAE L

Project/Site Information

Project/Site Name: HILAND PLAZA APARTMENTS

Project/Site Address

Address Line 1: 5000 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 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: Felipe Rael

Certifier Title: Executive Director

Certifier Email: felipe@abqgahp.org

Certified On: 10/10/2023 5:14 PM ET