



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: NMR100584

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
IMG_1440 NOT Captioned.pdf (attachment/1844468)	04/24/2024	1.70 MB
IMG_6555 NOT captioned.pdf (attachment/1844467)	04/24/2024	2.06 MB
IMG_6553 NOT Captioned.pdf (attachment/1844466)	04/24/2024	2.67 MB
IMG_6556 NOT captioned.pdf (attachment/1844465)	04/24/2024	1.93 MB

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).

All disturbed areas associated with the project have either been gravel mulched or hydroseed applied.

Operator Information

Operator Name: SAFstor Central, LLC**Address Line 1:** 444 Seabreeze Blvd Suite 840**Address Line 2:****City:** Daytona Beach**ZIP/Postal Code:** 32118**State:** FL**County or Similar Division:** Volusia**Phone:** 386-234-2200**Ext.:****Email:** steve.curtis@safstor.com

Operator Point of Contact

First Name **Middle Initial** **Last Name:** Steve Curtis

Project/Site Information

Project/Site Name: Safestor Storage

Project/Site Address

Address Line 1: SW Corner of 108th and Central**Address Line 2:****City:** Albuquerque**ZIP/Postal Code:** 87121**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: Steve Curtis

Certifier Title: President SAFStor Construction

Certifier Email: steve.curtis@safstor.com

Certified On: 04/24/2024 10:47 AM ET