CITY OF ALBUQUERQUE

Planning Department David Campbell, Director



Mayor Timothy M. Keller

March 4, 2019

Robert Quintana QA Engineering 4700 Lincoln Rd. Albuquerque, NM 87109

RE: 1st Nations Community Healthsource Bldg C Addition 5608 Zuni SE Revised Grading and Drainage Plan Engineers Stamp Date: 2/21/19 Drainage File: L18D047A

Dear Mr. Quintana:

PO Box 1293 Based on the submittal received on 2/25/19, the Grading and Drainage Plan cannot be approved until the following are corrected:

Prior to Building Permit and SO-19:

Albuquerque

NB 4 05102

NM 87103

1. The plan needs to clearly state: that the applicant could provide on-site management of the storm water quality volume (SWQV), that the applicant does not wish to provide on-site management, and is requesting to pay a fee-in-lieu of onsite management instead. This site could easily provide onsite retention by relocating utilities to accommodate a pond, by locating the pond under the parking lot (underground storage) or grading the parking lot to drain to another location where utility conflicts do not exist.

www.cabq.gov

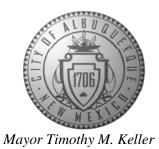
- 2. Payment of the Fee in Lieu (Amount = 207CF x \$8/CF = \$1656, per sheet C-002) of onsite management of the SWQV must be made. Include a copy of the paid receipt when resubmitting.
- 3. An SO-19 Permit will be required; please include the <u>standard SO-19</u> notes on the grading plan.

Prior to Certificate of Occupancy (For Information):

- 4. Engineer's Certification, per the DPM Chapter 22.7: *Engineer's Certification Checklist For Non-Subdivision* is required.
- 5. The sidewalk culverts must be inspected and approved by storm drain maintenance (Jason Rodriguez, jtrodriguez@cabq.gov or 857-8607).

CITY OF ALBUQUERQUE

Planning Department David Campbell, Director



If you have any questions, please contact me at 924-3695 or dpeterson@cabq.gov.

Sincerely,

Dana Peterson, P.E. Senior Engineer, Planning Dept. Development Review Services

PO Box 1293

Albuquerque

NM 87103

www.cabq.gov

| | Planning De | ouquerque | | | |
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| | Development & Buildir | - | on | | |
| | - | - | ATION SHEET (REV 6/2018) | | |
| First Nations | | | | | |
| | burce Building Perm | BIdg "C":BP-201 nit #: | Hydrology File #: L18D047 | | |
| | | | Work Order#: | | |
| Legal Description: Lot A-1-A, Bloc | | | | | |
| City Address: 5608 Zuni Road SE, | | | | | |
| Applicant: QA Engineering | | | Contact: Robert Quintana | | |
| Address: _4700 Lincoln Rd., Albuqu | | | | | |
| | | | E-mail: robert@qaengineering.co | | |
| | | | | | |
| | | | Contact: | | |
| Address: | | | | | |
| Phone#: | Fax#: | | E-mail: | | |
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| TYPE OF DEVELOPMENT: | PLAT (# of lots) | RESIDENCE | DRB SITE 🔺 ADMIN SITE | | |
| TYPE OF DEVELOPMENT: IS THIS A RESUBMITTAL? | | RESIDENCE | DRB SITE 🔺 ADMIN SITE | | |
| | Yes No | | | | |
| IS THIS A RESUBMITTAL? X | Yes No | ROLOGY/DRAINAG | | | |
| IS THIS A RESUBMITTAL? X DEPARTMENT TRANSPORT Check all that Apply: | Yes No | ROLOGY/DRAINAG TYPE OF APPR | Έ | | |
| IS THIS A RESUBMITTAL? X DEPARTMENT <u>TRANSPORT</u> Check all that Apply: TYPE OF SUBMITTAL: | Yes No | ROLOGY/DRAINAG TYPE OF APPR BUILDING | E OVAL/ACCEPTANCE SOUGHT: | | |
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COA STAFF:

ELECTRONIC SUBMITTAL RECEIVED:

FEE PAID:

Private Drainage Facilities within City Right-of-Way Notice to Contractor

(Special Order 19 ~ "SO-19")

- 1. An excavation permit will be required before beginning any work within City Right-Of-Way.
- 2. All work on this project shall be performed in accordance with applicable federal, state and local laws, rules and regulations concerning construction safety and health.
- Two working days prior to any excavation, the contractor must contact New Mexico One Call, dial "811" [or (505) 260-1990] for the location of existing utilities.
- 4. Prior to construction, the contractor shall excavate and verify the locations of all obstructions. Should a conflict exist, the contractor shall notify the engineer so that the conflict can be resolved with a minimum amount of delay.
- 5. Backfill compaction shall be according to traffic/street use.
- 6. Maintenance of the facility shall be the responsibility of the owner of the property being served.
- 7. Work on arterial streets may be required on a 24-hour basis.
- 8. Contractor must contact Jason Rodriguez at 235-8016 and Construction Coordination at 924-3416 to schedule an inspection.



TREASURY DIVISION DAILY DEPOSIT

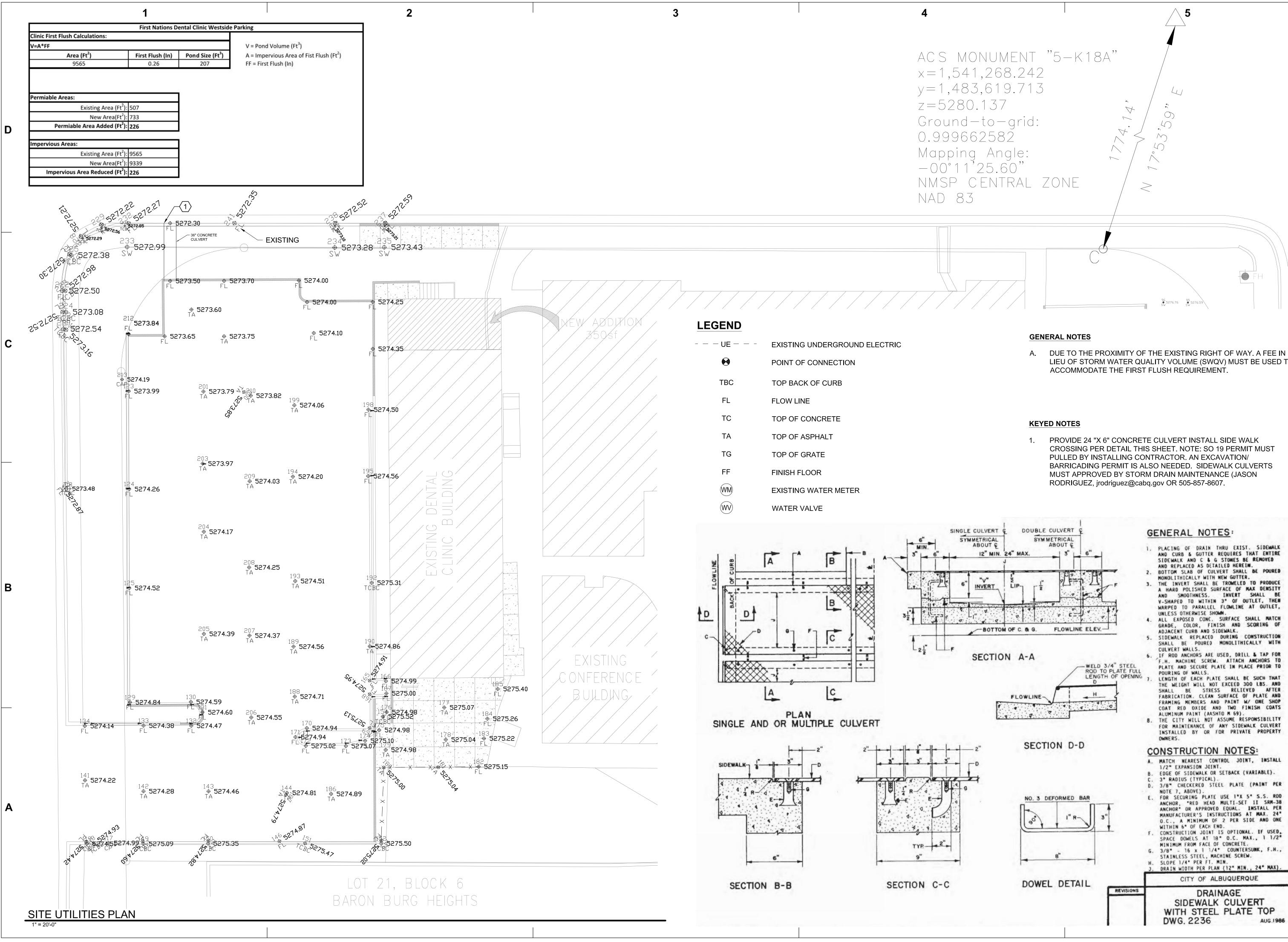
Transmittals for: PROJECTS Only

Payment In-Lieu for Storm Water Quality Volume Requirement

| CASH COUNT | AMOUNT | ACCOUNT NUMBER | FUND NUMBER | BUSINESS UNIT | PROJECT ID | ACTIVITY ID | AMOUNT |
|--------------|------------|-------------------|----------------|------------------|------------|----------------|------------|
| TOTAL CHECKS | \$ 1656.00 | 461615 | 305 | PCDMD | 24_MS4 | 7547210 | \$ 1656.00 |
| TOTAL AMOUNT | | | | | | TOTAL DEPOSIT | \$1656.00 |

| Hydrology#: <u>L18D047A</u> | Name: 1 st Nations Healthcare Bldg C, 9565 sf imp. | | | | |
|---|--|--|--|--|--|
| Payment In-Lieu For Storm Water Quality Volume Requirement | | | | | |
| Address/Legal Description: 5608 Zuni SE PARCEL A1A PLAT OF PAR HEIGHTS ADDN CONT 46,86 | RCEL A1A, HOLLINGBERRY'S REPL OF BLK 6BARON BURG 362 SQ FT M/L | | | | |
| DEPARTMENT NAME: Planning Department/Developm | nent Review Services, Hydrology | | | | |
| PREPARED BY Dana Peterson | PHONE <u>924-3695</u> | | | | |
| BUSINESS DATE 3/4/19 | | | | | |
| DUAL VERIFICATION OF DEPOSIT | | | | | |
| AND BY EMPLOYEE SIGNATURE | | | | | |
| Remitter: | | | | | |
| Amount: | | | | | |
| Валк: | | | | | |
| CHECK #: DATE ON CHECK: | | | | | |
| The Payment-in-Lieu can be paid at the Plaza del Sol invoice to the Treasury and provide a copy of the rec | Treasury, 600 2 nd St. NW. Bring two copies of this ceipt to Hydrology, Suite 201, 600 2 nd St. NW, or e-mail | | | | |

with the Hydrology submittal to PLNDRS@cabq.gov.



LIEU OF STORM WATER QUALITY VOLUME (SWQV) MUST BE USED TO

buffalodesign architects 1113 rhode island st ne albuquerque, nm 87110 SEAL PROJECT ш \bigcirc COMMUNITY HEALTHSOUR TH INFRASTRUCTURE OVEMENT PROJECT 108 87 ΣZ ALBUQUERQUE LTH TIONS CO HEALTH IMPROV S N Z 5608 Ζ FIRST AK MK CLIENT PROJ #: ARCHT PROJ #: DRAWN BY: CHECKED BY: DATE 01/24/2019 SHEET TITLE SITE UTILITIES PLAN **C-002**