

City of Albuquerque – Environmental Health Department Air Quality Program

Please mail this application to P.O. Box 1293, Albuquerque, NM 87103 or hand deliver between 8:00 am – 5:00 pm Monday-Friday to:

3rd Floor, Suite 3023 – One Civic Plaza NW, Albuquerque, NM 87102

(505) 768-1972 aqd@cabq.gov



Application for Air Pollutant Sources in Bernalillo County Source Registration (20.11.40 NMAC) and Construction Permits (20.11.41 NMAC)

Submittal Date:

Corporate Information Check here and leave thi	s section blank if information is exac	tly the same as Facility Infor	mation below.
Company Name:			
Mailing Address:	City:	State:	Zip:
Company Phone:	Company Contact:	l .	
Company Contact Title:	Phone:	E-mail:	
Stationary Source (Facility) Information: Provide a p			overlay sketch of
facility processes, location of emission points, pollut	ant type, and distances to property t	oundaries.	
Facility Name:			
Facility Physical Address:	City:	State:	Zip:
Facility Mailing Address (if different):	City:	State:	Zip:
Facility Contact:	Title:	<u> </u>	
Phone:	E-mail:		
Authorized Representative Name ¹ :	Authorized Repres	entative Title:	
Billing Information Check here if same contact an	nd mailing address as corporate \(\subseteq \)	heck here if same as facility	
Billing Company Name:			
Mailing Address:	City:	State:	Zip:
Billing Contact:	Title:	-	
Phone:	E-mail:		
Preparer/Consultant(s) Information Check here a	and leave section blank if no Consulta	nt used or Preparer is same	as Facility Contact.
Name:	Title:		
Mailing Address:	City:	State:	Zip:
Phone:	Email:		1

1. See 20.11.41.13.E.(13) NMAC.

General Operation Information (if any question does not pertain to your facility, type N/A on the line or in the box)

Permitting action being requested	(please refer to the definit	ions in 2	0.11.40 NMAC or	20.11.41 NMAC	C):	
New Permit	Permit Modification		Technical Pe	rmit Revision	Admii	nistrative Permit Revision
	Current Permit #:		Current Permit #	t :	Current P	ermit #:
UTM Coordinates or Latitude – Loi	ngitude of Facility:					
Facility Type (description of your f	acility operations):					
Standard Industrial Classification (SIC Code #):		North American	Industry Classif	ication Sys	tem (<u>NAICS Code #</u>):
Is this facility currently operating i	n Bernalillo County?		If YES , list date of If NO , list date of	-		
Is the facility permanent?			If NO , list dates the From	for requested to Through	emporary o	peration:
Is the application for a physical or		sion, or r	reconstruction (alt	ering process, o	r adding, o	r replacing process or
control equipment, etc.) to an exis						
Provide a description of the reque	sted changes:					
Is the facility operation: Con	tinuous Intermittent	Bat	ch			
Estimated percent of	Jan-Mar:	Apr-Ju	n:	Jul-Sep:		Oct-Dec:
production/operation:						
Requested operating times of facility:	hours/day		days/week	weeks	/month	months/year
Will there be special or seasonal or	perating times other than s	shown a	bove? This include	es monthly- or s	easonally-v	varying hours.
If YES , please explain:						
List raw materials processed:						
List saleable item(s) produced:						

Regulated Emission Sources Table

(Generator-Crusher-Screen-Conveyor-Boiler-Mixer-Spray Guns-Saws-Sander-Oven-Dryer-Furnace-Incinerator-Haul Road-Storage Pile, etc.) Match the Units listed on this Table to the same numbered line if also listed on Emissions Tables & Stack Table.

IVIAL	in the Units listed t	on this rable to the	same mumbe	ereu iirie ii ais	o listed off Lift	13310113 1410163	& Stack Table.		
U	nit Number and Description ¹	Manufacturer	Model #	Serial #	Manufacture Date	Installation Date	Modification Date ²	Process Rate or Capacity (Hp, kW, Btu, ft³, Ibs, tons, yd³, etc.)³	Fuel Type
Ex. 1.	Generator	Unigen	B-2500	A567321C	7/96	7/97	11/2020	250 Hp/HR	Diesel
Ex. 2.	Spray Gun	HVLP Systems	Spra-N-Stay 1100	K26-56-95	01/2017	11/2017	N/A	0.25 gal./HR	Electric Compressor
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
_									

U	nit Number and Description ¹	Manufacturer	Model #	Serial #	Manufacture Date	Installation Date	Modification Date ²	Process Rate or Capacity (Hp, kW, Btu, ft ³ , lbs, tons, yd ³ , etc.) ³	Fuel Type
								/	
								/	
								/	
								/	
								/	

- 1. Unit numbers must correspond to unit numbers in the previous permit unless a complete cross reference table of all units in both permits is provided.
- 2. Have changes been made to the unit that impact emissions or that trigger modification as defined in 20.11.41.7.U NMAC?
- 3. Basis for Equipment Process Rate or Capacity (Manufacturer's data, Field observation/test, etc.) _______ Submit information for each unit as an attachment.

Emissions Control Equipment Table

Control Equipment Units listed on this Table should either match up to the same Unit number as listed on the Regulated Emission Sources, Controlled Emissions and Stack Parameters Tables (if the control equipment is integrated with the emission unit) or should have a distinct Control Equipment Unit Number and that number should then also be listed on the Stack Parameters Table.

	ol Equipment Unit Number and Description	Controlling Emissions for Unit Number(s)	Manufacturer	Model # Serial #	Date Installed	Controlled Pollutant(s)	% Control Efficiency ¹	Method Used to Estimate Efficiency	Rated Process Rate or Capacity or Flow
Ex. 8b	Baghouse	3,4,5	Best Baghouses	C-12010 A16925	11/12/2019	PM10, PM2.5	99%	Manufacturer spec sheet	1,500 ACFM
				I					
				I					
				I					
				I					
				I					
				I					
				I					
				I					
				I					
				I					

1.	Basis for Control Equipment % Efficiency (Manufacturers data, Field Observation/Test, AP-42, etc.).
	Submit information for each unit as an attachment.

Exempted Sources and Exempted Activities Table

See 20.11.41 for exemptions.

U	nit Number and Description	Manufacturer	Model #	Serial #	Manufacture Date	Installation Date	Modification Date ¹	Process Rate or Capacity (Hp, kW, Btu, ft³, lbs, tons, yd³, etc.)²	Fuel Type
Ex. 1.	Boiler	Unigen	B-2500	A567321C	7/96	7/97	11/2020	3.5 MMBtu - HR	Natural Gas
Ex. 2.	Hot Water Heater	HVLP Systems	6500A	K26-56-95	01/2017	11/2017	N/A	80 gal HR	Natural Gas
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	
								/	

^{1.} Have changes been made to the unit that impact emissions, that trigger modification as defined in 20.11.41.7.U NMAC, or that change the status from exempt to non-exempt?

^{2.} Basis for Equipment Process Rate or Capacity (Manufacturer's data, Field observation/test, etc.) _______ Submit information for each unit as an attachment.

Uncontrolled Emissions Table

(Process potential under physical/operational limitations during a 24 hr/day and 365 day/year = 8760 hrs)

Regulated Emission Units listed on this Table should match up to the same numbered line and Unit as listed on the Regulated Emissions and Controlled Tables. List total HAP values per Emission Unit if overall HAP total for the facility is ≥ 1 ton/yr.

Unit Number*		en Oxides NO _x)		Monoxide CO)	Nonm Hydrocarb Organic (nethane nons/Volatile Compounds C/VOCs)	Sulfur	Dioxide O₂)	Particula [.] ≤ 10 M	te Matter licrons N ₁₀)	Particulato ≤ 2.5 M (PM	icrons	Pollu	lous Air Itants APs)	Method(s) used for Determination of Emissions (AP-42, Material Balance, Field
	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	Tests, etc.)
Example 1.	27.7	121.3	9.1	39.9	1.3	5.7	0.5	2.2	2.0	8.8	0.2	0.4	0.2	0.4	AP-42

Page 7 of 14 v. November 2020

Unit Number*		en Oxides NO _x)		Monoxide CO)	Hydrocarb Organic C	nethane ons/Volatile compounds C/VOCs)		Dioxide D ₂)		te Matter licrons N_{10})	Particulat ≤ 2.5 M (PM	licrons	Pollu	lous Air Itants APs)	Method(s) used for Determination of Emissions (AP-42, Material Balance, Field
	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	Tests, etc.)
Totals of Uncontrolled															
Emissions															

NOTE: To add extra rows in Word, click anywhere in the second-to-last row. A plus (+) sign should appear on the bottom right corner of the row. Click the plus (+) sign to add a row. Repeat as needed.

Page 8 of 14 v. November 2020

^{*}A permit is required and this application along with the additional checklist information requested on the Permit Application checklist must be provided if:

⁽¹⁾ any one of these process units or combination of units, has an uncontrolled emission rate greater than or equal to (≥) 10 lbs/hr or 25 tons/yr for any of the above pollutants, excluding HAPs, based on 8,760 hrs of operation; or

⁽²⁾ any one of these process units or combination of units, has an uncontrolled emission rate ≥ 2 tons/yr for any single HAP or ≥ 5 tons/yr for any combination of HAPs based on 8,760 hours of operation; or

⁽³⁾ any one of the process units or combination of units is subject to an Air Board or federal emission limit or standard.

^{*} If all of these process units, individually <u>and</u> in combination, have an uncontrolled emission rate less than (<) 10 lbs/hr or 25 tons/yr for all of the above pollutants (based on 8,760 hrs of operation), but > 1 ton/yr for any of the above pollutants, then a source registration is required. <u>A Registration is required</u>, at minimum, for any amount of HAP emissions. <u>Please complete the remainder of this form.</u>

Controlled Emissions Table

(Based on current operations with emission controls OR requested operations with emission controls)

Regulated Emission Units listed on this Table should match up to the same numbered line and Unit as listed on the Regulated Emissions and Uncontrolled Tables. List total HAP values per Emission Unit if overall HAP total for the facility is ≥ 1 ton/yr.

Unit Number		n Oxides O _X)		Monoxide CO)	Nonm Hydrocarb Organic C	ethane ons/Volatile compounds C/VOCs)	Sulfur	Dioxide O ₂)	Particula ≤ 10 N	te Matter licrons N ₁₀)	Particulate ≤ 2.5 M (PM)	icrons	Pollu	lous Air Itants APs)	Control Method	% Efficiency ¹
	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr		
Example 1.	27.7	55.4	9.1	18.2	1.3	2.6	0.5	1.0	2.0	4.0	0.2	0.088	0.2	0.088	Operating Hours	N/A

Page 9 of 14 v. November 2020

Unit Number		n Oxides Ox)		Monoxide CO)	Hydrocarb Organic C	nethane ons/Volatile compounds C/VOCs)		Dioxide O ₂)	≤ 10 N	te Matter licrons N ₁₀)	Particulat ≤ 2.5 M (PM	icrons	Pollu	dous Air Itants APs)	Control Method	% Efficiency ¹
	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr		
Totals of																
Controlled																
Emissions											C.1					

NOTE: To add extra rows in Word, click anywhere in the second-to-last row. A plus (+) sign should appear on the bottom right corner of the row. Click the plus (+) sign to add a row. Repeat as needed.

Page 10 of 14 v. November 2020

^{1.} Basis for Control Equipment % Efficiency (Manufacturers data, Field Observation/Test, AP-42, etc.). ______Submit information for each unit as an attachment.

Hazardous Air Pollutants (HAPs) Emissions Table

Report the Potential Emission Rate for each HAP from each source on the Regulated Emission Sources Table that emits a given HAP. Report individual HAPs with ≥ 1 ton/yr total emissions for the facility on this table. Otherwise, report total HAP emissions for each source that emits HAPs and report individual HAPs in the accompanying application package in association with emission calculations. If this application is for a Registration solely due to HAP emissions, report the largest HAP emissions on this table and the rest, if any, in the accompanying application package.

		l HAPs	Sistration so	,		, ,					, ,,		, ,			
Unit Number	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr
Example 1.	6.3	18.2	3.2	8.5	2.3	7.7	0.5	1.0	0.3	1.0	N/A	N/A	N/A	N/A	N/A	N/A
Totals of HAPs																
for all units:																

NOTE: To add extra rows in Word, click anywhere in the second-to-last row. A plus (+) sign should appear on the bottom right corner of the row. Click the plus (+) sign to add a row. Repeat as needed.

Copy and paste the HAPs table here if need to list more individual HAPs.

Page 11 of 14 v. November 2020

Purchased Hazardous Air Pollutant Table*

Product Categories (Coatings, Solvents, Thinners, etc.)	Hazardous Air Pollutant (HAP), or Volatile Hazardous Air Pollutant (VHAP) Primary To The Representative As Purchased Product	Chemical Abstract Service Number (CAS) of HAP or VHAP from Representative As Purchased Product	HAP or VHAP Concentration of Representative As Purchased Product (pounds/gallon, or %)	Concentration Determination (CPDS, MSDS, etc.) ¹	Total Product Purchases For Category	(-)	Quantity of Product Recovered & Disposed For Category	(=)	Total Product Usage For Category
Example 1. Surface Coatings	Xylene	1330207	4.0 lbs/gal	MSDS	lbs/yr 100 gal/yr	(-)	lbs/yr 0 gal/yr	(=)	lbs/yr 100 gal/yr
Example					lbs/yr		lbs/yr		lbs/yr
2. Cleaning Solvents	Toluene	108883	70%	Product Label	200 gal/yr	(-)	50 gal/yr	(=)	150 gal/yr
1					lbs/yr	()	lbs/yr	(_\	lbs/yr
1.					gal/yr	(-)	gal/yr	(=)	gal/yr
2.					lbs/yr	(-)	lbs/yr	(=)	lbs/yr
2.					gal/yr	()	gal/yr	(-)	gal/yr
3.					lbs/yr	(-)	lbs/yr	(=)	lbs/yr
<u> </u>					gal/yr	()	gal/yr	()	gal/yr
4.					lbs/yr	(-)	lbs/yr	(=)	lbs/yr
					gal/yr	()	gal/yr	()	gal/yr
5.					lbs/yr	(-)	lbs/yr	(=)	lbs/yr
					gal/yr	` '	gal/yr	. ,	gal/yr
6.					lbs/yr	(-)	lbs/yr	(=)	lbs/yr
					gal/yr		gal/yr		gal/yr
7.					lbs/yr	(-)	lbs/yr	(=)	lbs/yr
					gal/yr		gal/yr		gal/yr
8.					lbs/yr gal/yr	(-)	lbs/yr gal/yr	(=)	lbs/yr gal/yr
					lbs/yr				lbs/yr
9.					gal/yr	→ (-) ⊢	lbs/yr gal/yr	(=)	gal/yr
					lbs/yr		lbs/yr		lbs/yr
					gal/yr	(-)	gal/yr	(=)	gal/yr
					lbs/yr	(-)	lbs/yr		lbs/yr
	TOTALS							(=)	gal/yr

NOTE: To add extra rows in Word, click anywhere in the second-to-last row. A plus (+) sign should appear on the bottom right corner of the row. Click the plus (+) sign to add a row. Repeat as needed.

*NOTE: A Registration is required, at minimum, for any amount of HAP or VHAP emission. Emissions from purchased HAP usage should be accounted for on previous tables as appropriate. A permit may be required for these emissions if the source meets the requirements of 20.11.41.

^{1.} Submit, as an attachment, information on one (1) product from each Category listed above which best represents the average of all the products purchased in that Category.

Material and Fuel Storage Table

(Tanks, barrels, silos, stockpiles, etc.)

Storage Equipment		Product Stored	Capacity (bbls, tons, gals, acres, etc.)	Above or Below Ground	Construction (Welded, riveted) & Color	Installation Date	Loading Rate ¹	Offloading Rate ¹	True Vapor Pressure	Control Equipment	Seal Type	% Eff.²
Ex. 1.	Tank	Diesel Fuel	5,000 gal.	Below	Welded/Brown	3/93	3,000 gal/hr	500 gal/hr	N/A	N/A	N/A	N/A
Ex. 2.	Barrels	Solvent	55 gal. drum	Above	Welded/Green	N/A	N/A	N/A	N/A	N/A	N/A	N/A

1. B	Basis for Loading/Offloading Rate (Manufacturer's data, Field Observation/Test, etc.)
S	Submit information for each unit as an attachment.

^{2.} Basis for Control Equipment % Efficiency (Manufacturer's data, Field Observation/Test, AP-42, etc.). ______ Submit information for each unit as an attachment.

Stack Parameters Table

If any equipment from the Regulated Emission Sources Table is also listed in this Stack Table, use the same numbered line for the emission unit on both tables to show the association between the Process Equipment and its stack.

	Number and Description	Pollutant (CO, NOx, PM10, etc.)	UTM Easting (m)	UTM Northing (m)	Stack Height (ft)	Stack Exit Temp. (°F)	Stack Velocity (fps)	Stack Flow Rate	Stack Inside Diameter (ft)	Stack Type
Ex. 1.	Generator	CO, NOx, PM10, PM2.5, SO2	349430.28	3884014.64	18	900 °F	150 fps	4524 acfm	0.8	Rain Cap
Ex. 2.	Spray Gun	PM10, xylene, toluene	348540.1	3882928.5	9.2	Ambient	50 fps	589 scfm	0.5	Vertical
		in Mord sligh annuch								

, ,	eted drawings, specifications ith respect to air pollution s	s, and other data, give a true ources and control equipme	e and complete representati ent. I also understand that a	, the information stated on this ion of the existing, modified existir ny significant omissions, errors, or	O ,
	Signed this	day of	, 20	_	
Print Name		Print Title			
Signature					