



**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



**Request for Temporary Relocation of Portable Stationary Source in Bernalillo County
20.11.41.23 NMAC**

Required for each relocation by all portable stationary sources, including sand/gravel, rock crushing and asphalt plants, and must be submitted at least **forty-five (45)** days prior to relocation. This form must be accompanied by a detailed aerial image showing the leased/owned property, proposed layout of sources, the area disturbed by the operations, and the mining area and haul roads. **If deemed necessary by the Air Quality Program, an air dispersion modeling analysis demonstrating compliance with National Ambient Air Quality Standards and New Mexico Ambient Air Quality Standards shall be submitted, and the department may hold a public information hearing for good cause prior to making a decision on the relocation.** Operation of equipment at a new location shall not commence until the Air Quality Program has officially approved the new location in writing. Notification of a decision shall be made by mail or email. This form will be returned to you.

RETAIN THE RETURNED FORM FOR YOUR RECORDS

Section 1: General Information

1. Submittal Date:		
2. Company Name:		
3. Type of Facility		
Please check one:	<input type="checkbox"/> Sand/Gravel/Crushing	<input type="checkbox"/> Asphalt Batch Plant
	<input type="checkbox"/> Concrete Batch Plant	<input type="checkbox"/> Other (specify)
Process Description:		
4. Permit Number:	Date of permit issuance:	
5. Main Office Address:		
Phone:	Email:	
6. Contact Person:	Title:	

Section 2: Relocation Information

1. Proposed relocation site and description:		
UTM East:	UTM North:	Zone 13, NAD 83
County:	Nearest school/offices, etc.:	
2. Has this facility been located at this site previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, what was the date the facility left this site?		
3. Will the new site be permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Date of proposed startup:	Anticipated completion date:	
5. Maximum operating hours at proposed site: _____, _____ days per week		
6. Describe any special or seasonal operating times, including monthly- or seasonally-varying hours.		
7. Is this an increase in operating hours from what is currently permitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If this is an increase, please describe:		
8. Owner of land at proposed location: _____ (private, State, Federal, etc.)		
9. Size of leased/owned property: _____ Acres	Area of operation: _____ Acres	
10. Will the leased/owned property upon which the facility is to be located be fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will the area comprising the facility, including any mining or storage pile, be fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Controlled Emissions Table

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

Unit Number	Nitrogen Oxides (NO _x)		Carbon Monoxide (CO)		Nonmethane Hydrocarbons/Volatile Organic Compounds (NMHC/VOCs)		Sulfur Dioxide (SO ₂)		Particulate Matter ≤ 10 Microns (PM ₁₀)		Particulate Matter ≤ 2.5 Microns (PM _{2.5})		Hazardous Air Pollutants (HAPs)		Control Method	% Efficiency
	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																

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.

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Section 4: Relocation Applicability

The facility, for purposes of determining the distances to residences, buildings, or other facilities, is the perimeter of the property inclusive of all disturbed lands used for this job. The distances are facility boundary to property boundary.

Pursuant to 20.11.41.23.D(5) NMAC, the Air Quality Program may require the applicant to comply with the public notice requirements of 20.11.41.13 NMAC. Contact the Program to schedule a pre-application meeting and determine if public notice will be required.

1. Will the facility be located within city limits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are there any private residences, offices, occupied structures, schools or stationary sources with air quality source registrations or permits within ¼ mile of the proposed facility boundaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, identify and provide approximate distance from proposed facility (attach a separate page with list and descriptions if necessary):		
3. A process flow diagram and an aerial image showing site layout of the proposed location, including fencing restricting access, is provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Proof of weather-proof sign public notice included? 20.11.41.23.E	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Proof of public notice sent by applicant to neighborhood associations/neighborhood coalitions included? 20.11.41.23.E, 20.11.41.13.E(15) If not required, attach communication from Program stating this.	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Required

Section 5: Certification

I, _____, hereby certify I am an owner, operator or authorized representative of the identified company and that the information and data submitted in this relocation application are true and accurate to the best of my knowledge.

SIGNATURE

TITLE

DATE

Section 6: Approval/Denial

(For Air Quality Program Use Only)

The relocation of this plant has been: Approved Denied

on this _____ day of _____, 20____ based on the information provided in this document.

Isreal Tavarez, Environmental Health Manager
Air Quality Program
City of Albuquerque Environmental Health Department