



**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 8:00am - 5:00pm Monday - Friday to:  
**3<sup>rd</sup> Floor, Suite 3023 - One Civic Plaza NW, Albuquerque, New Mexico 87103**  
**(505) 768 - 1972 aqd@cabq.gov (505) 768 - 1977 (Fax)**

**APPLICATION FOR SOURCE REGISTRATION AND AUTHORITY-TO-CONSTRUCT PERMITS FOR  
FUEL DISPENSING STATIONS LOCATED IN BERNALILLO COUNTY (20.11.40 NMAC & 20.11.41 NMAC)**

**Notice of initial application fee and subsequent annual permit fees will be sent to the Company (20.11.02 NMAC).**

**Section 1: General Information:**

Date Submitted: \_\_\_\_\_

1. Name of Company: \_\_\_\_\_ Company Ph: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
2. Company Address: \_\_\_\_\_ Zip \_\_\_\_\_
3. Local Office Address: \_\_\_\_\_ Zip \_\_\_\_\_
4. Person to Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Ph: \_\_\_\_\_ Email: \_\_\_\_\_

5. Location of the station: \_\_\_\_\_ Zip \_\_\_\_\_  
**(Please provide a detailed hand drawing, site plan or survey of the property)**

6. UTM coordinates: east \_\_\_\_\_ north \_\_\_\_\_ (if available)

7. Is this a proposed (new) station? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, give original date of startup: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

8. Date of (anticipated - new) startup: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

9. Normal or requested operating hours: hrs/day \_\_\_\_\_ days/wk \_\_\_\_\_ mos/yr \_\_\_\_\_

**Section 2: Storage Tanks -- List all tanks that will contain any hydrocarbon liquid**

Individual Tank Information	Tank 1	Tank 2	Tank 3	Tank 4	Tank 5
Type of fuel stored (reg. unl., super unl., diesel, etc.)					
Location (aboveground or underground)					
Tank Construction (steel, fiberglass, both)					
Cathodic Protection (Yes or No)					
Storage Capacity (In Gallons)					
Date of installation or proposed installation (month/year)					

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**Section 3: Submersible Pumps FOR GASOLINE ONLY**

(If possible, match pump number to tank number from Section 2 Table)

**Section 4: Fuel Throughput**

Individual Submersible Pump Information FOR GASOLINE(S)	Gasoline Submersible Pump Rating (In gallons/hour)  (use 600 per pump if unknown)	Type of Fuel Dispensed from Submersible Pump  (Reg. unl., super unl., unl. plus, etc.)	Date of Pump Installation  (Month/Year if known)	TOTAL REQUESTED ANNUAL FUEL THROUGHPUT LIMIT IN GALLONS PER YEAR	
				GASOLINE(S)	DIESEL
Pump 1				_____gallons	_____gallons
Pump 2					
Pump 3					
Pump 4					
Pump 5					
Total of pumps 1 - 5 gallons/hour					

**Section 5: Potential Emissions FOR GASOLINE(S) ONLY**

Total Submersible Pump Rating In Gallons/Hour, For Gasoline(s) Only, From Section 3 Table Above (Second Column Total)	T I M E S	Emission Rate  (Given)	T I M E S	Theoretical Potential Operating Hours  (Given) (12 hours/day & 365 days/year)	D I V I D E	Pounds Per Ton  (Given)	E Q U A L S	Potential Tons Per Year of Volatile Organic Compounds (VOC)
_____gallons/hour	X	0.013 pounds/gallon	X	4,380 hours/year	/	2,000	=	

**Section 6: Actual Emissions FOR GASOLINE(S) ONLY**

Requested Annual Fuel Throughput of Gasoline(s) From Section 4 Table Above	T I M E S	Emission Rate  (Given)	D I V I D E	Pounds Per Ton  (Given)	E Q U A L S	Allowable Tons Per Year of Volatile Organic Compounds (VOC)
Gallons	X	0.013 pounds/gallon	/	2,000	=	

**Section 7: Certification:**

I, the undersigned, a responsible officer of the applicant company, certify that to the best of my knowledge, the information stated on this application, together with associated drawings, specifications, and other data, give a true and complete representation of the planned new station or modifications to an existing station with respect to air pollution sources and control equipment. I also understand that any significant omissions, errors, or misrepresentations in these data will be cause for revocation of part or all of the resulting permit.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_