



**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)**

**PLANT RELOCATION NOTICE**

*Required for each relocation by all portable sand/gravel, rock crushing and asphalt plants, at least thirty days prior to relocation. This form must be accompanied by a detailed plot plan showing the leased/owned property, the area disturbed by the operations, the mining area and haul roads, all other particulate emitting facilities within 1/4 mile of the facility's boundaries. **If deemed necessary by the Program, an ambient air quality analysis demonstrating compliance with National Ambient Air Quality Standards and New Mexico Ambient Air Quality Standards shall be submitted, and a 30-day public comment period will be required prior to approval of the relocation.** Operation of equipment at a new location shall not commence until the Program has officially approved the new location. Approval shall be made by fax or mail. This form will be returned to you.*

**RETAIN THE RETURNED FORM FOR YOUR RECORDS**

**Section 1: GENERAL INFORMATION**

1. Today's Date:

2. Name of Company:

3. Type of Facility:

Please check one:  Sand/Gravel/Rock Crushing       Asphalt Batch Plant  
 Concrete Batch Plant       Other (specify)

Process Description:

4. Permit/Registration number: \_\_\_\_\_ Date of permit/registration issuance: \_\_\_\_\_

5. Main Office Address:

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

6. Person to Contact: \_\_\_\_\_ Title: \_\_\_\_\_

**Section 2: RELOCATION INFORMATION**

Proposed relocation site and description:

UTM North or Latitude: \_\_\_\_\_ UTM East or Longitude: \_\_\_\_\_

County: \_\_\_\_\_ Nearest school/offices, etc: \_\_\_\_\_

Elevation: \_\_\_\_\_ feet above mean sea level.

2. Will the new site be permanent?  Yes  No

3. Date of startup: \_\_\_\_\_ Anticipated completion date: \_\_\_\_\_

4. Maximum operating hours at proposed site: \_\_\_\_\_ am - \_\_\_\_\_ pm, \_\_\_\_\_ days per week

5. Is this an increase in operating hours from what is currently permitted/registered?  Yes  No

If this is an increase, please describe:

6. Owner of land at proposed location: \_\_\_\_\_ (private, State, Federal, Indian, etc)
7. Size of leased/owned property: \_\_\_\_\_ Acres, Area of operation: \_\_\_\_\_ (in acres)
8. Will the leased/owned property upon which the facility is to be located be fenced?  Yes  No  
 Will the area comprising the facility, including any mining or storage pile be fenced?  Yes  No

**Section 3: EQUIPMENT LIST**

1. List all pieces of process equipment to be relocated, including portable power generating equipment. Attach additional sheets as needed:

Unit #	Type of Unit	Manufacturer and Model	Serial Number

**Section 4: RELOCATION APPLICABILITY**

*The facility, for purposes of determining the distance 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.*

1. Will the facility be located within city limits?  Yes  No
2. Are there any private residences, offices, occupied structures or schools within 1/4 mile of the proposed facility boundaries? If Yes, Identify:  Yes  No

3. Provide a plot plan and site plan of the proposed location.

**Section 5: CERTIFICATION**

I, \_\_\_\_\_, hereby certify that the information and data submitted in this notice are true and accurate, to the best of my knowledge.

\_\_\_\_\_  
 SIGNATURE TITLE DATE

**Section 6: APPROVAL** (For Air Quality Program Use Only)

The relocation of this plant has been approved on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ based on the information provided in this document.

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