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| **Mail To:**New Mexico Environment DepartmentAir Quality Bureau Permit Program Manager525 Camino de los Marquez, Suite 1Santa Fe, New Mexico, 87505Phone (505) 476-4300 Fax (505) 476-4375 [www.env.nm.gov/air-quality/](http://www.env.nm.gov/air-quality/) |  | For Department use only: |
| General Construction Permit (GCP)-Temporary Control Major**Registration Form****Section 1**(Locating outside of Bernalillo County, Tribal Lands, and Nonattainment Areas)**This Registration is being submitted as** (check all that apply)**:** **[ ]**  A new GCP-Temporary Control Major Registration Form (**Registration fee required**).**[ ]**  A Relocation Form (**relocation fee required**).**[ ]**  An update to a GCP-Temporary Control Registration Form currently under NMED review (no fee required). **[ ]**  A notification of an administrative change under Condition C101.A (Submit Sections 1 & 10). Public notice is not required, and no filing fees or permit fees apply.**[ ]**  A notification of a modification under Condition C101.B. No public notification is required. (**Registration fee required**).**Construction Status: [ ]**  Not Constructed **[ ]**  Existing Permitted (or NOI) Facility **[ ]**  Existing Non-Permitted (or NOI) Facility |
| Acknowledgements:[ ]  I acknowledge that a pre-application meeting is available to me upon request.**[ ]** The original signed and notarized Certification for Submittal Under GCP-Temporary Control is included.**[ ]** Proof of public notice is included (required for new Registrations and Relocations).**[ ]** I have enclosed a check for the required fee:

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| Registration Fees | Initial Registration or Modification | Relocation | Small Business\* Initial Registration or Modification | Small Business\* Relocation |
| Beginning 1/1/2023 | $4,920 | $492 | $2,460 | $246 |
| Beginning 1/1/2024 | $5,100 | $510 | $2,550 | $255 |

There is an annual fee in addition to the registration fee: [www.env.nm.gov/air-quality/permit-fees-2/](http://www.env.nm.gov/air-quality/permit-fees-2/). \* For facilities qualifying as a “small business” under 20.2.75.7.F NMAC the reduced fee may be used if NMED has a Small Business Certification Form from your company on file: [www.env.nm.gov/forms/](http://www.env.nm.gov/forms/). **Provide your Check Number:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **and Amount:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[ ]** I understand thatif a fee is required and is not included, the project will not be assigned for review until the full fee is received. |
| 1) Company Information | AI # (ifknown): | If updating, providePermit/NOI #: |
| 1 | Facility Name:  | Primary SIC Code (4 digits):  |
| NAICS code (6 digits): |
| a | Facility Street Address (If no facility street address, check here **[ ]** and provide directions in Section 4): |
| 2 | Plant Operator Company Name: | Phone/Fax: |
| a | Plant Operator Address: |
| 3 | Plant Owner(s) name(s):  | Phone/Fax:  |
| a | Plant Owner(s) Mailing Address(s): |
| 4 | Bill To (Company):  | Phone/Fax:  |
| a | Mailing Address:  | E-mail: |
| 5 |  Preparer: Consultant:  | Phone/Fax:  |
| a | Mailing Address:  | E-mail:  |
| 6 | Plant Operator Contact:  | Phone/Fax: |
| a | Mailing Address: | E-mail: |
| 7 | Air Permit Contact:  | Title:  |
| a | E-mail:  | Phone/Fax: |
| b | Mailing Address:  |
| 8 | Will this facility operate in conjunction with other air regulated parties on the same property? [ ]  No [ ]  YesIf yes and the other equipment is operating under an NOI, provide the NOI facility name and NOI number.  |
| 2) Applicability |
| 1 | Is the facility located in Bernalillo County, on tribal lands, or in the city of Sunland Park? | **[ ] No [ ] Yes** |
| 2 | Will the equipment under this permit operate for more than 12 months at any single location? | **[ ] No [ ] Yes** |
| If you answered ***Yes*** to the questions above, your facility **does not** qualify for this general construction permit.  |
| 3 | Is the facility’s SIC code 1311? | **[ ] No [ ] Yes** |
| 4 | Does the equipment proposed under this permit include only flares or combustors? | **[ ] No [ ] Yes** |
| 5 | Can the equipment regulated under this permit meet the Maximum Eligible Emission Rates to Register Under the Permit in Table 106? | **[ ] No [ ] Yes** |
| 6 | Does the equipment comply with the minimum height and velocity requirements as established in the GCP? | **[ ] No [ ] Yes** |
| 7 | Is the facility at least 150 m from any source that emits over 25 tons/year of NOx? | **[ ] No [ ] Yes** |
| 8 | Is the facility at least 3 miles from any Class I area? | **[ ] No [ ] Yes** |
| If you answered ***NO*** to any of questions 3-8, your facility **does not** qualify for this general construction permit.  |
| 3) Current Facility Status |
| 1 | Has this facility already been constructed? [ ] Yes [ ] No | If yes, is it currently operating in New Mexico? [ ]  Yes [ ]  No |
| 2 | Is this Registration in response to a Notice of Violation (NOV)?[ ] Yes [ ] No If so, provide current permit #:       | If yes, NOV date:       | NOV Tracking No.       |
| 3 | Check if facility is a:True PSD Minor (TV Source): [ ]  Synthetic PSD Minor Source (Controlled emissions less than PSD Major): [ ]   |
| 4) Facility Location Information |
| 1 | a) Latitude (decimal degrees):       | b) Longitude (decimal degrees):       | c) County:            | d) Elevation (ft):       |
| 2 | a) UTM Zone: [ ] 12 or [ ] 13 | b) UTME (to nearest 10 meters):       | c) UTMN (to nearest 10 meters):       |
|  | d) Specify which datum is used: [ ]  NAD 27 [ ]  NAD 83 [ ]  WGS 84See this link for more info. <http://en.wikipedia.org/wiki/North_American_Datum> |
| 3 | Name and zip code of nearest New Mexico town and/or tribal community:       |
| 4 | Detailed Driving Instructions including direction and distance from nearest NM town and/or tribal community (attach a road map if necessary). If there is no street address, provide public road mileage marker:       |
| 5 | The facility is       (distance) miles       (direction) of                      (nearest town). |
| 6 | Land Status of facility (check one): [ ]  Private [ ]  Indian/Pueblo [ ]  Government [ ]  BLM [ ]  Forest Service [ ]  Military |
| 5) Other Facility Information |
| 1 | Enter the maximum daily and annual throughput of oil, gas, and natural gas liquids (NGL).  | **Oil (bbl/day):**       **(bbl/yr):**      **Gas (MMscf/day):**       **(MMscf/yr):**      **NGL (bbl/day):**       **(bbl/yr):**       |
| 2 | The source, as described in this Registration, constitutes the entire source for 20.2.70, 20.2.72, 20.2.73, or 20.2.74 NMAC applicability purposes. | **[ ] No [ ] Yes** |
| Section 2) Submittal Requirements |
| 1 | Include one hard copy **original signed and notarized Registration package printed double sided ‘head-to-toe’ 2-hole punched** as we bind the document on top, not on the side; except landscape tables, which should be head-to-head. If ‘head-to-toe printing’ is not possible, print single sided. Please use **numbered tab separators** in the hard copy submittal(s) as this facilitates the review process. |
| 2 | Include one **double sided** **hard** **copy** for Department use. This copy does not need to be 2-hole punched. |
| 3 | The entire Registration package should be submitted electronically on one compact disk (CD). Include a single PDF document of the entire Registration as submitted and the individual documents comprising the Registration. The documents should also be submitted in Microsoft Office compatible file format (Word, Excel, etc.) allowing us to access the text in the documents (copy & paste). Any documents that cannot be submitted in a Microsoft Office compatible format shall be saved as a PDF file from within the electronic document that created the file. If you are unable to provide Microsoft office compatible electronic files or internally generated PDF files of files (items that were not created electronically: i.e. brochures, maps, graphics, etc.), submit these items in hard copy format. Spreadsheets must be unlocked since we must be able to review the formulas and inputs.  |

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| Table 1) Regulated Equipment: Enter each flare or combustor. If co-located with other equipment, include the co-located equipment in Table 1. Add additional rows as necessary. |
| **Unit****No.** | **Source Description**  | **Manufacturer** | **Make/Model** | **Source Classification Code (SCC)** | **Serial #** | **Maximum Capacity/****Permitted Capacity** | **Date of Manufacture** | **Controlled by Unit #** | **% Control Efficiency and Pollutant** | **Applicable****NSPS****NESHAP** |
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| **Table 2A): Maximum Uncontrolled Emissions:**Maximum Uncontrolled Emissions are the emissions at maximum capacity and prior to (in the absence of) pollution control, or any other emission reduction. For flares and combustors, enter the uncontrolled VOC (and H2S, if combusting sour gas) emission rate in lb/hr and tpy. The hourly emission rate should be based on the maximum facility capacity without pollution controls. The annual emission rate should be based on the maximum facility capacity without pollution controls for 8760 hours per year. For co-located equipment, enter the maximum emissions in lb/hr and tpy as a single line item. List Hazardous Air Pollutants (HAP) in Table 3. Unit & stack numbering must be consistent throughout the application package. Fill all cells in this table with the emission numbers or a "-" symbol. A “-“ symbol indicates that emissions of this pollutant are not expected. Numbers shall be expressed to at least 2 decimal points (e.g. 0.41, 1.41, or 1.41E-4).  |
| **Unit No.** | **NOx** | **CO** | **VOC**  | **SOx** | **TSP2** | **PM102** | **PM2.52** | **H2S** | **Lead** |
| **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** | **lb/hr** | **ton/yr** |
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| PER of all co-located equipment  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| **Totals** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **1 Condensable Particulate Matter:** Include condensable particulate matter emissions for PM10 and PM2.5 if the source is a combustion source. Do not include condensable particulate matter for TSP unless TSP is set equal to PM10 and PM2.5. |

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| Table 2B) Allowable Emission Limits for Flares/Combustors: For each flare and combustor, enter an allowable lb/hr and tpy emission limit for each pollutant. The lb/hr and tpy emission limits should be based on the manufacturers’ rated destruction efficiency for each flare and combustor. For co-located equipment, enter the maximum emissions in lb/hr and tpy as a single line item. Fill all cells in this table with the emissions in lb/hr and tpy, or a "-" symbol. A “-“ symbol indicates that emissions of this pollutant are not expected. Numbers shall be expressed with a minimum of two significant figures1. If there are any significant figures to the left of a decimal point, there shall be no more than one significant figure to the right of the decimal point. Total the emissions from all equipment in the Totals row. Add additional rows as necessary. |
| **Unit No.** | **NOx** | **CO** | **VOC** | **SOx** | **TSP2** | **PM102** | **PM2.52** | **H2S** | **Other** |
| **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** | **lb/hr** | **ton/yr** |
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| PER of all co-located equipment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Totals** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**1 Significant Figures Examples**: One significant figure – 0.03, 3, 0.3. Two significant figures – 0.34, 34, 3400, 3.4

**2** **Condensable PM**: Include condensable particulate matter emissions in particulate matter calculations.

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| Table 3) Emission Rates for HAP:  In the table below, report the potential emission rate for each HAP from each flare and combustor. For each flare and combustor, HAP shall be reported to the nearest 0.1 tpy. For co-located equipment, enter the maximum emissions in lb/hr and tpy as a single line item, reported to the nearest 0.1 tpy. Each facility-wide Individual HAP total and the facility-wide Total HAP shall be the sum of all HAP emissions calculated to the nearest 0.1 ton per year. Use the HAP nomenclature as it appears in Section 112 (b) of the 1990 CAAA. For each HAP listed, fill all cells in this table with the emission numbers or a "-" symbol. A “-” symbol indicates that emissions of this pollutant are not expected, or the pollutant is emitted in a quantity less than the threshold amounts described above. Add additional rows as necessary. |
| **Unit No.**  | **Total HAP** | **Provide Pollutant Name Here**  | **Provide Pollutant Name Here**  | **Provide Pollutant Name Here**  | **Provide Pollutant Name Here**  | **Provide Pollutant Name Here**  | **Provide Pollutant Name Here**  | **Provide Pollutant Name Here**  |
| **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** |
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| PER of all co-located equipment |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| **Totals** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**Section 3**

**Registration Summary**

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The **Registration Summary** shall include a brief description of the facility and its process. In case of a modification to a facility, please describe the proposed changes.

**Routine or predictable emissions during Startup, Shutdown, and Maintenance (SSM):** Refer to "Guidance for Submittal of Startup, Shutdown, Maintenance Emissions in Permit Applications (http://www.env.nm.gov/aqb/permit/app\_form.html) for more information related to SSM emissions.

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**Specify Facility Type:** Check the appropriate box below:

**[ ]** Production Site

**[ ]** Tank Battery

**Registration Summary:** Provide Registration summary here. See above instructions.

**Routine or predictable emissions during Startup, Shutdown, and Maintenance (SSM):**

**[ ]** By checking this box, I acknowledge there are no SSM emissions from the flares and combustors.

**Allowable Operations:** Check the appropriate box below:

**[ ]** Facility operates continuously (8760 hours per year)

**[ ]** The following regulated equipment will operate less than 8760 hours per year. Add additional rows as necessary. These units are subject to Condition A108.C of the Permit.

**Table A – Equipment Operating Less Than 8760 hours per year**

|  |  |
| --- | --- |
| **Unit #** | **Requested Annual Operating Hours** |
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**Flares**

1. Enter SO2 emission rates (lb/hr) for each flare in the second column of the table below.
2. Based on the SO2 emission rates, determine the minimum stack height requirements for flares from Table 3 in A201B of the GCP-TC MAJOR and enter the minimum stack height requirements for flares from Table 3 in the last column of the table below.
3. Enter the stack height of each flare in the third column of the table below. Add rows as necessary.

 **Table B: Flare Stack Height Parameter Verification:**

| **Flare Unit Number**  | **SO2 Emission Rate (lb/hr)** | **Height (ft)** | **Table 3 Minimum Stack Height:** For verification, list the minimum height parameters based on the SO2 emission rate from Table 3. |
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**Enclosed Combustion Device(s) (ECD):**

Per Condition A201.D, the facility must meet one of the following options if an ECD is installed at the facility:

Option 1:

1. Will the ECD(s) meet the SO2 emission limit of 0.7 lb/hr and operate with a velocity of at least one (1) foot per second?

**[ ]**  Yes. Skip Option 2 below.

**[ ]**  No. Go to Option 2 below.

Option 2:

1. Will the ECD(s) meet the SO2 emission limit of 0.9 lb/hr and operate with a velocity of at least two (2) feet per second?

**[ ]**  Yes

**[ ]**  No

If “no” to both options, your ECD **does not** qualify for this general construction permit.

**Section 4**

**Process Flow Sheet and Description of Routine Operations**

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A **process flow sheet** indicating all individual equipment, all emission points, and types of control applied to those points. All units should be labeled and the unit numbering system should be consistent throughout this Registration. Identify all sources of emissions with a vertical arrow. Label each of the different material streams (e.g. crude oil, gas, water).

**Written description of the routine operations of the facility:** Include a detailed description of how each piece of equipment will be operated, how controls will be used, and the fate of both the products and waste generated.

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To save paper and to standardize the Registration format, delete this sentence, and begin your submittal for this attachment on this page.

**Section 5**

**Emissions Calculation Forms**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Department has developed the Air Emissions Calculation Tool (AECT), which is required to be used in this Registration.** Other calculations may be accepted if pre-approved by the Department. The AECT and this Registration Form may be updated as needed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 6**

**Information Used to Determine Emissions**

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**Check the box for each type of information submitted**:

**[ ]** Specifications for control equipment, including control efficiency specifications and sufficient engineering data for verification of control equipment operation, including design drawings, test reports, and design parameters that affect normal operation.

**[ ]** Fuel specifications sheet.

**[ ]** If computer models are used to estimate emissions, include an input summary and a detailed report, and a disk containing the input file used to run the model.

**[ ]** If requesting to use a representative gas sample, include a discussion of why the sample is representative for this facility and an explanation of how it is representative (e.g., same reservoir, same similar API gravity, similar composition).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To save paper and to standardize the Registration format, delete this sentence, and begin your submittal for this attachment on this page.

**Section 7**

**Map(s)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A map** such as a 7.5 minute topographic quadrangle showing the exact location of the source. The map shall also include the following:

|  |  |
| --- | --- |
| The UTM or Longitudinal coordinate system on both axes | An indicator showing which direction is north |
| A minimum radius around the plant of 0.8km (0.5 miles) | Access and haul roads |
| Topographic features of the area | Facility property boundaries |
| The name of the map | A graphical scale |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To save paper and to standardize the Registration format, delete this sentence, and begin your submittal for this attachment on this page.

**Section 8**

**Applicable State & Federal Regulations**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provide a discussion demonstrating compliance with each applicable state & federal regulation**. All input cells should be filled in, even if the response is ‘No’ or ‘N/A’.

In the “Justification” column, identify the criteria that are critical to the applicability determination, numbering each. For each unit listed in the “Applies to Unit No(s)” column, after each listed unit, include the lowest level citation of the applicable regulation. For each unit, list the information necessary to verify the applicability of the regulation, including date of manufacture, date of construction, size (hp), and combustion type. Doing so will provide the applicability criteria for each unit.

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**Applicable STATE REGULATIONS:**

| [**STATE REGU- LATIONS**](http://164.64.110.134/nmac/T20C002)**CITATION** | **Title** | **Federally Enforce-able** | **Overview of Regulation** | **Applicable to Unit No(s).** | **JUSTIFICATION:** Identify the applicability criteria, numbering each (i.e. 1. Post 7/23/84, 2. 75 m3, 3. VOL) |
| --- | --- | --- | --- | --- | --- |
| 20.2.1 NMAC | General Provisions | Yes | General Provisions apply to Notice of Intent, Construction, and Title V permit applications. | Facility |  |
| 20.2.3 NMAC | Ambient Air Quality Standards NMAAQS | Yes | 20.2.3 NMAC is a State Implementation Plan (SIP) approved regulation that limits the maximum allowable concentration of Total Suspended Particulates, Sulfur Compounds, Carbon Monoxide and Nitrogen Dioxide.  | Facility |  |
| 20.2.7 NMAC | Excess Emissions | Yes | If your entire facility or individual pieces of equipment are subject to emissions limits in a permit or numerical emissions standards in a federal or state regulation, this applies. | Facility |  |
| 20.2.50 NMAC | Oil and Gas Sector – Ozone Precursor Pollutants | No | This regulation establishes emission standards for volatile organic compounds (VOC) and oxides of nitrogen (NOx) for oil and gas production, processing, compression, and transmission sources. | Check the box for the subparts that are applicable:**[ ]** 113 – Engines and Turbines**[ ]** 114 – Compressor Seals **[ ]** 115 – Control Devices and Closed Vent Systems**[ ]** 116 – Equipment Leaks and Fugitive Emissions **[ ]** 117 – Natural Gas Well Liquid Unloading**[ ]** 118 – Glycol Dehydrators **[ ]** 119 – Heaters**[ ]** 120 – Hydrocarbon Liquid Transfers**[ ]** 121 – Pig Launching and Receiving **[ ]** 122 – Pneumatic Controllers and Pumps**[ ]** 123 – Storage Vessels **[ ]** 124 – Well Workovers **[ ]** 125 – Small Business Facilities **[ ]** 126 – Produced Water Management Unit**[ ]** 127 – Flowback Vessels and Preproduction Operations |  |
| 20.2.61.109 NMAC  | Smoke & Visible Emissions | No | Flares and combustors are Stationary Combustion Equipment. Specify units subject to this regulation. |  |  |
| 20.2.70 NMAC | Operating Permit Regulation | No | Operating permit regulation |  |  |
| 20.2.71 NMAC | Operating Permit Fees | No | Fees for Title V permits |  |  |
| 20.2.72 NMAC | Construction Permits | Yes | Pre-construction permit regulation |  |  |
| 20.2.73 NMAC | NOI & Emissions Inventory Requirements | Yes | NOI: 20.2.73.200 NMAC applies (requiring a NOI application) |  |  |
| 20.2.75 NMAC | Construction Fee Regulation | Yes | Fees for construction permits |  |  |
| 20.2.77 NMAC | New Source Performance | Yes | This is a stationary source which is subject to the requirements of 40 CFR Part 60, as amended through September 23, 2013. |  |  |

**Applicable FEDERAL REGULATIONS (This is not an exhaustive list; add applicable regulations):**

| [**FEDERAL REGU- LATIONS**](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title40/40tab_02.tpl)**CITATION** | **Title** | **Federally Enforceable** | **Overview of Regulation** | **Applicable to Unit No(s).** | **JUSTIFICATION:** Identify the applicability criteria, numbering each (i.e. 1. Post 7/23/84, 2. 75 m3, 3. VOL) |
| --- | --- | --- | --- | --- | --- |
| 40 CFR 50 | NAAQS | Yes | Defined as applicable at 20.2.70.7.E.11, Any national ambient air quality standard |  |  |
| 40 CFR 60, Subpart A | General Provisions | Yes | Applies if any other NSPS subpart applies. |  |  |
| 40 CFR 60, SubpartOOOO | Standards of Performance for Crude Oil and Natural Gas Production, Transmission and Distribution for which Construction, Modification or Reconstruction Commenced After August 23, 2011, and on or before September 18, 2015 | Yes | If there is a standard or other requirement, then the facility is an “affected facility.” Currently there are standards for: gas wells (60.5375); centrifugal compressors (60.5380); reciprocating compressors (60.5385): controllers (60.5390); storage vessels (60.5395); equipment leaks (60.5400); sweetening units (60.5405).**If standards apply, list the unit number(s) and regulatory citation of the standard that applies to that unit (e.g. Centrifugal Compressors 1a-3a are subject to the standards at 60.5380(a)(1) and (2) since we use a control device to reduce emissions)** |  |  |
| 40 CFR 60, SubpartOOOOa | Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 | Yes | If there is a standard or other requirement, then the facility is an “affected facility.” Currently there are standards for: gas wells (60.5375a); centrifugal compressors (60.5380a); reciprocating compressors (60.5385a): controllers (60.5390a); storage vessels (60.5395a); fugitive emissions at well sites and compressor stations (60.5397a); equipment leaks at gas plants (60.5400a); sweetening units (60.5405a). |  |  |

**Section 9 Proof of Public Notice**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For new Registrations, a newspaper notice and a facility posting of the public notice is required. For Relocation Registrations, only the facility posting of the public notice is required.

General Posting of Notice

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, certify that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(DATE),** I posted a true and correct copy of the attached Public Notice in a publicly accessible and conspicuous place, visible from the nearest public road, at the entrance of the property on which the facility is, or is proposed to be, located.

Signed this day of , ,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Title {APPLICANT OR RELATIONSHIP TO APPLICANT}

Newspaper Publication of Notice

**[ ]** An original or copy of the actual newspaper advertisement is attached. The original or copy of the advertisement includes the header showing the date and newspaper or publication title.

**OR**

**[ ]** An affidavit from the newspaper or publication stating that the advertisement was published is attached. The affidavit includes the date of the advertisement’s publication, and a legible photocopy of the entire ad.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Title {APPLICANT OR RELATIONSHIP TO APPLICANT}

##### GCP-TC MAJOR PUBLIC NOTICE EXAMPLE

*20.2.72 NMAC – General Permits, Section 220.A(2)(b)ii*

**Use this example for all public notices for GCP-TC MAJOR permits (newspaper notice and site posting notice). Customize this document by modifying or deleting, as appropriate, all bracketed and bold text below. Posting of Public Notice is required at the facility entrance and in the local newspaper as described in Condition C100.B of the GCP-TC MAJOR Permit. Before printing the final notice, delete this sentence and all preceding and subsequent text in red.**

**NOTICE**

**[Name of Company]** announces its intent to apply to the New Mexico Environment Department for an air quality General Construction Permit, **(GCP-Temporary Control Major).** The name of this facility is **[Name of Facility]**. The expected date of the submittal of our Registration for an air quality permit to the Air Quality Bureau is **[date].** This notice is a requirement according to New Mexico air quality regulations.

The exact initial location of the facility is/will be **[latitude and longitude in decimal degrees].** The approximate location of this site is **XX.X** miles **[direction]** of **[town name (preferred) or, if no town within 30 miles, a reasonably close, well known point, such as the intersection of two roads, a well-known landmark, or road mile marker]** in **[county name]** county]. The standard operating schedule of this facility will be continuous.

Air emissions of any regulated air contaminant will be less than or equal to **[do not change the TPY values listed below]**:

|  |  |  |
| --- | --- | --- |
|  |  | Tons per year (TPY) |
| 1. Nitrogen Oxides (NOx)
 |  | 225 |
| 1. Carbon Monoxide (CO)
 |  | 225 |
| 1. Volatile Organic Compounds (VOC) (stack)
2. Particulate Matter (PM10)
 |  | 22550 |
| 1. Particulate Matter (PM2.5)
2. Total Suspended Particulates
3. Sulfur Dioxide (SO2)
 |  | 5050225 |
| 1. Hydrogen Sulfide (H2S)
2. Any one (1) Hazardous Air Pollutant (HAP)
3. Sum of all Hazardous Air Pollutants (HAPs)
 |  | 50<10<25 |
|  |  |  |

The owner and/or operator of the Plant is:

**[Name, company, street address, city, state, zip code]**

If you have any questions or comments about construction or operation of above facility, and want your comments to be made as a part of the permit review process, you must submit your comments in writing to the address below:

New Mexico Environment Department

Air Quality Bureau Permit Section

525 Camino de los Marquez, Suite 1

Santa Fe, New Mexico, 87505

Phone (505) 476-4300

Fax (505) 476-4375

www.env.nm.gov/aqb

Other comments and questions may be submitted verbally.

Please refer to the company name and site name, as used in this notice or send a copy of this notice along with your comments, since the Department may not have received the permit Registration at the time of this notice.

**Atención**

Este es un aviso de la oficina de Calidad del Aire del Departamento del Medio Ambiente de Nuevo México, acerca de las emisiones producidas por un establecimiento en esta área. Si usted desea información en español, por favor comuníquese con esa oficina al teléfono 505-629-3395.

**Notice of Non-Discrimination**

NMED does not discriminate on the basis of race, color, national origin, disability, age or sex in the administration of its programs or activities, as required by applicable laws and regulations. NMED is responsible for coordination of compliance efforts and receipt of inquiries concerning non-discrimination requirements implemented by 40 C.F.R. Part 7, including Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, and Section 13 of the Federal Water Pollution Control Act Amendments of 1972. If you have any questions about this notice or any of NMED’s non- discrimination programs, policies or procedures, you may contact: Non-Discrimination Coordinator, New Mexico Environment Department, 1190 St. Francis Dr., Suite N4050, P.O. Box 5469, Santa Fe, NM 87502, (505) 827-2855, nd.coordinator@env.nm.gov. If you believe that you have been discriminated against with respect to a NMED program or activity, you may contact the Non-Discrimination Coordinator identified above or visit our website at https://www.env.nm.gov/non-employee-discrimination-complaint-page/ to learn how and where to file a complaint of discrimination.

**Section 10**

**Certification**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that the information and data submitted in this Registration are true and as accurate as possible, to the best of my knowledge and professional expertise and experience.

Signed this day of , , upon my oath or affirmation, before a notary of the State of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Title

Scribed and sworn before me on this day of , .

My authorization as a notary of the State of expires on the

 day of , .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary's Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary's Printed Name

\* For Title V sources, the signature must be of the

Responsible Official as defined in 20.2.70.7.AE NMAC.

Change Log – Do **not** submit this page with your application.

If you are using a form older than the most current form posted on the website, you are required to incorporate the changes listed. Periodically, AQB will announce when older form versions will no longer be accepted.

|  |  |
| --- | --- |
| Version Date | Changes Incorporated |
| September 7, 2022 | Older versions of this form will not be accepted after October 11, 2022. (Use the Public Notice example in this version immediately.)  |
| October 14, 2022 | 2023 Fee Updates |
| February 23, 2023 | Updated Spanish speaking phone number and Non-Discrimination coordinator email. Changed font to Calibri. |
| April 28, 2023 | Generalized the Non-Discrimination Coordinator contact in the public notice template. |
| July 12, 2023 | Removed section, township, range and NAD 27. |
| November 13, 2023 | 2024 Fee Updates and correct Spanish spelling of **Atención.** |