|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mail To:**  New Mexico Environment Department  Air Quality Bureau Permit Program Manager 525 Camino de los Marquez, Suite 1  Santa Fe, New Mexico, 87505  Phone (505) 476-4300  Fax (505) 476-4375  [www.env.nm.gov/air-quality/](http://www.env.nm.gov/air-quality/) | | | | | | | **NMED ColorLogo-Seal** | | | | | | | For Department use only: | | | | |
| NSR Permit Relocation Application  Facilities with regular NSR Permits relocating under the 20.2.72.202.D NMAC exemption  Do not use this form for relocating GCP Permits.  Do not use this form for relocating into Bernalillo County or Tribal Communities. | | | | | | | | | | | | | | | | | | |
| Acknowledgements (Mark all that apply):  I acknowledge that a pre-application meeting is available to me upon request. **A check for the full fee is included:**   |  |  |  | | --- | --- | --- | | Registration Fees | Relocations | Small Business\* Relocations | | Beginning 1/1/2023 | $492 | $246 | | Beginning 1/1/2024 | $510 | $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: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.  Public notice was posted prior to submitting this form to NMED.  This facility meets the applicable requirements in 20.2.75 NMAC to register as a Small Business. | | | | | | | | | | | | | | | | | | |
| I Company Information | | | | | | | | | | | | | | | | | | |
| 1 | | a) Company name: | | | | | | | | | | | | | | b) Date appl. notarized: | | |
| 2 | | a) Facility name: | | | | | | | | | | | | | | b) 4-digit SIC code: | | |
| 3 | | a) Company mailing address: | | | | | | | | | | | | | | b) 6-digit NAICS code: | | |
| 4 | | a) Provide your NSR Permit #: | | | | | | | | | b) AI # (if known): | | | | | | | |
| 5 | | a) Company contact person: | | | | | | | | | | b) Title: | | | | | | |
| 6 | | a) Phone No: | | | | | b) Fax No: | | | | | c) e-mail: | | | | | | |
| 7 | | Type of material processed by the Facility: | | | | | | | | | | This facility is:  Stationary  Portable | | | | | | |
| 8 | | Will this facility operate in conjunction with other air regulated parties on the same property?  **No  Yes**  If yes, what is the name and permit number (if known) of the other facility? | | | | | | | | | | | | | | | | |
| 9 | | a) If you have hired a consultant, provide name and contact info: | | | | | | | | | | b) Title: | | | | | | |
| 10 | | a) Phone No: | | | | b) Fax No: | | | | c) e-mail: | | | | | | | | |
| II Applicability | | | | | | | | | | | | | | | | | | |
| 1 | | Will this facility relocate with only limited dismantling and reassembly? | | | | | | | | | | | | | | **No  Yes** | |
| 2 | | | Will this facility operate only under a Regular NSR Permit at the new location? | | | | | | | | | | | | | | **No  Yes** | |
| 3 | | | Will this facility collocate only with sources as allowed by one of the applicable Permits for the facilities collocated at the new site?  If so, provide the authorization: Permit number:      , condition #:  If co-locating, locate the area of operations of the co-located facility(ies) on the required map(s). | | | | | | | | | | | | | | **No  Yes** | |
| 4 | | | Have all fields on this form been completed? | | | | | | | | | | | | | | **No  Yes** | |
| 5 | | | Have all attachments to this form been provided as specified in Part VI? | | | | | | | | | | | | | | **No  Yes** | |
| III Public Notice Information | | | | | | | | | | | | | | | | | | | |
| 1 | | a) Location of Public Notice Posting at Facility: | | | | | | | | | | | | | b) Date of Posting: | | | | |
| 5 | | Name of Person Posting Notice: | | | | | | | | | | | | | | | | | |
| IV Facility Location Information (provide the location information of the primary emissions unit) | | | | | | | | | | | | | | | | | | | |
| Please use Montana’s Graphical Locater to convert Lat/Long to UTM systems, found at: <http://www.rcn.montana.edu/resources/converter.aspx> | | | | | | | | | | | | | | | | | | | |
| 1 | | | | Latitude (decimal degrees): | | | | 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 83  WGS 87 | | | | | | | | | | | | | | | |
| 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 | | | | Direction and distance to the nearest occupied structure from the perimeter of the Area of Operations: | | | | | | | | | | | | | | | |
| 7 | | | | Land Status of Facility (check one):  Private  Indian/Pueblo  Government  BLM  Forest Service  Military | | | | | | | | | | | | | | | |
| 8 | | | | Name and county of the nearest Class I Area and its direction from the facility: | | | | | | | | | | | | | | | |
| 9 | | | | Shortest distance, in km, from the facility to the boundary of the nearest Class I Area (to the nearest 1 km): | | | | | | | | | | | | | | | |
| V Existing Permit Requirements | | | | | | | | | | | | | | | | | | | |
| 1 | | | | a) Operating hours per day: | | | | | b) Days per week: | | | | | | | | | | |
| 2 | | | | a) Daylight hours only? Yes or No | | | | | b) Hours per year: | | | | | | | | | | |
| 3 | | | | a) Existing permit required set back distance (distance between the perimeter of the area of operations and the restricted public access (fence line):    b) This set back distance is found in permit condition #: | | | | | | | | | | | | | | | |
| 4 | | | | a) **Restricted Area**: Provide a written description of the method(s) to be used to restrict public access to the restricted area.  Method(s) used to delineate the Restricted Area:  “**Restricted Area**” is an area to which public entry is effectively precluded. Effective barriers include continuous fencing, continuous walls, or other continuous barriers approved by the Department, such as rugged physical terrain with steep grade that would require special equipment to traverse. If a large property is completely enclosed by fencing, a restricted area within the property may be identified with signage only. Public roads cannot be part of a Restricted Area. | | | | | | | | | | | | | | | |

# VI Required Attachments

The following Attachments are required. Please label each document and verify you have provided the requested information by checking the checkboxes below. A complete application shall include:

**Attachment # 1 Facility Layout Map:** Provide a satellite photo or commercial scale map) showing the proposed **layout** of the Facility and the surrounding area including at least 0.25-mile (but not greater than 0.5 mile) distance from the Restricted Area in all directions. The map shall also include (show) the following:

Include the label “Facility Layout Map” and the name of the facility

A graphical scale

An indicator showing which direction is north

The UTM coordinates (or Longitudinal coordinate system on both axis)

Any relevant topographic features of the area

Any co-located particulate sources

Facility Property Boundary

The perimeter of the Restricted Area (fence line). If more than one type of barrier is used, identify the types and locations of each barrier that will be used to restrict access from the public.

The perimeter of the Area of Operations (see attachment).

Location of state parks, recreation areas, school yards, residences, businesses, schools, or other occupied structures within ¼ mile of the boundary of the area of operations.

If it will fit on this map, identify the Property Boundary owned, leased, or under direct control of the applicant and/or owner or operator. If it will not fit on this map, show Property Boundary on the Facility Location Map.

**Attachment # 3** **Facility Location Map:**  Provide a satellite photo at least 7 miles on each side or commercial scale map such as a 7.5-minute United States Geological Survey (USGS) topographic quadrangle, with the facility shown at or near the center showing the proposed **location** of the Facility. The map shall also include the following:

Include the label “Facility Location Map” and the name of the facility.

A minimum radius around the plant of 5 km (3.1 miles), showing any Class I area(s)

A graphical scale

An indicator showing which direction is north

The UTM coordinates (or Longitudinal coordinate system on both axis)

Any relevant topographic features of the area

Unless indicated on the Facility Layout Map, show and label the nearest occupied structure, indicating and labeling the shortest distance from it to the perimeter of the Area of Operations, unless the distance is greater than 3.1 miles. If greater than 3.1 miles, so indicate on the map.

**Attachment # 4 Public Notice:** Documentation that **public notice** has been initiated

**1)** Include the General Posting of Notice-Certification including location of posted notice along with the posted sample; date of posting, and name of person posting the notice. Additionally, provide a verbal description the posting location. The posting at the facility **must be readable by the public from the nearest public road without trespassing on private property**. Do not post it behind a locked gate or on the haul road inside private property.

**Attachment #5 Certification:**

Certification by the Facility’s owner or operator, or authorized representative before a notary public that all of the information included in the registration form is true and complete to the best of his or her knowledge (see attached copy in Part X of this registration form).

# VII Operating Requirements for Portable Sources Relocating under Regular NSR Permits

A portable source may be relocated as provided under 20.2.72.202.D NMAC, “Portable Source Relocation”. 20.2.72.202.D.3.c NMAC requires “The Department shall not approve the relocation if it would result in exceedances of any NAAQS or NMAAQS at the new location;”

The only way the Department can ensure this 202.D.3.c requirement is met is through modeling. This requirement may be met in the following ways (Check which way this facility will demonstrate compliance):

1. **Permitted Relocation Set-Back**: If both initial site modeling and relocation set back modeling was performed in the past and a condition was put into the permit establishing a minimum setback upon relocation, then, if the proposed location meets this setback, the facility meets the NAAQS and the NMAAQS at the proposed location.
2. **Modeling at the proposed location**: Compliance with the NAAQS and NMAAQS can be demonstrated at the proposed location in one of the following ways:
   1. **Submittal** of site-specific **air dispersion modeling** for the proposed site
   2. **A** written approved **modeling waiver** for the proposed site
   3. **Certification** that the new location meets the **Relocation Protocols.** If using this method, you must check “Yes” to acknowledge that the proposed location will meet the following Relocation Protocols.

**Relocation Protocols**

If you intend to demonstrate compliance using 2.c above, check “Yes” below.

By checking the “Yes” box below, I am certifying that the new site will meet all four of the following Relocation Protocols requirements and that any subsequent repositioning at this site of any emission sources of this facility will continue to meet these protocols.

1. The facility will continue to comply with all terms and conditions of its existing Regular NSR Permit, unless the Department’s approval of this relocation explicitly changes the setback distances based on a modeling analysis that you submitted and the Department approved prior to this application.
2. The facility will maintain at least a 3-mile setback between the area of operations and the boundary of any federal Class I area, unless the existing permit specifies a different setback.
3. The facility will maintain at least a 1-mile setback between the area of operations and the area of operations of any crusher, asphalt, or screening plant, unless the existing permit for at least one of the sources explicitly specifies a different setback or explicitly allows for collocation upon relocation.
4. The facility will maintain at least a 0.25-mile (1,320 feet, 440 yards, 402 meters) setback between the area of operations and any occupied structures, unless the existing permit explicitly specifies a different setback applicable upon relocation.

**YES, I** acknowledge that this facility will meet the above protocols.

# VIII Instructions

1. This Relocation Application Form has been developed in accordance with the requirements of 20.2.72 NMAC and 20.2.75 NMAC. This form is for use only by sources that will operate under Regular NSR Permits at their new location and may not be used by sources that will operate under General Construction Permits (GCP), or Notices of Intent. The form is intended to gather the information required by 20.2.72 NMAC, and to aid the Department in implementing the requirements of that regulation and policy.

2. The questions in Part II of this form (Applicability) have been included to aid sources in determining whether they are eligible to use this form. If the answer to any of the questions in Part II is “No”, this form may not be used for relocations. For such sources, a permit revision issued pursuant to 20.2.72 NMAC or approval of registration under a General Construction Permit must be received from the Department before construction or operation at the new site is allowed.

a) The *Area of Operations* is the area within the *Restricted Area* containing all emissions units and activities that may produce air contaminants. This includes all disturbed lands and all haul roads except the haul road between the *Restricted Area* and *Property Boundary*. Disturbed lands include all mining areas, stockpiles, and overburden removal areas used for operation of the facility.

b) The *Restricted Area* is the area within the property boundary to which public access is restricted.

3. Pursuant to 20.2.72 NMAC and 20.2.75 NMAC the Department will not consider this Relocation application received until it is accompanied by full payment of the Relocation Fee associated with one (1) Fee Unit (20.2.75.7.C NMAC). The current Fee Unit value changes annually and is available on the Department’s website at: <http://www.env.nm.gov/aqb/forms/fee-cpi-adjustment-method.pdf> .

4. The Department will deny any relocation application submitted on this form that does not include the certifications required by Part IX and Part X of this form, the attachments specified in Part VI of this form, or that does not include a full response for each item of information requested in Parts I through V of the form.

5. Pursuant to 20.2.72.202.D.3.c NMAC, the Department staff may only approve relocation requests that demonstrate that operation at the new location will follow federal and state ambient air quality standards.

a) If the permit specifies set back distances to ensure compliance with standards upon relocation to any part of the state, and those setbacks will be complied with at the new location, one may presume that this requirement is met.

b) If the permit does not include set back distances that are clearly intended to ensure compliance with standards anywhere in the state, or those setbacks will not be complied with at the new location, then the Department’s modeling section must provide a written statement that standards will be met at the new location. If such statement cannot be made within the 15 days to process a relocation request, staff will deny the request. The basis for the modeling section’s statement will normally be a modeling analysis that the applicant submits to the modeling section and that the modeling section approves prior to the date that the applicant submits the relocation request. Contact the modeling section to discuss the details of the modeling analysis before preparing it. Submit a copy of the facility’s permit with the modeling analysis. Allow 4 weeks for the modeling section to process the modeling analysis before submitting a relocation request. An applicant’s request for shorter set back distances at the new site will be the only deviation from the existing permit authorized by approval of a relocation request.

6. Notifications of equipment substitutions should be submitted separately on the designated Bureau form to the Permitting Section of the Bureau for consideration under 20.2.72.219 NMAC or relevant conditions of the source’s existing permit.

**7. Pursuant to 20.2.72.202.D(3) NMAC installation of the source at the new location shall not begin until approved in writing by the Department, and shall not begin until at least fifteen (15) days have elapsed following notification to the Department of the proposed relocation.**

# IX Posting Certification

Posting Certification

For Posting of Notice of Relocation for NSR Permits

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}

# X Certification

**Company Name:**        \_\_\_\_\_\_\_\_\_

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

Signed this       day of       , 20       , 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       , 20      .

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

      day of       , 20      .

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notary's Signature** **Date**

**\_**     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notary's Printed Name**

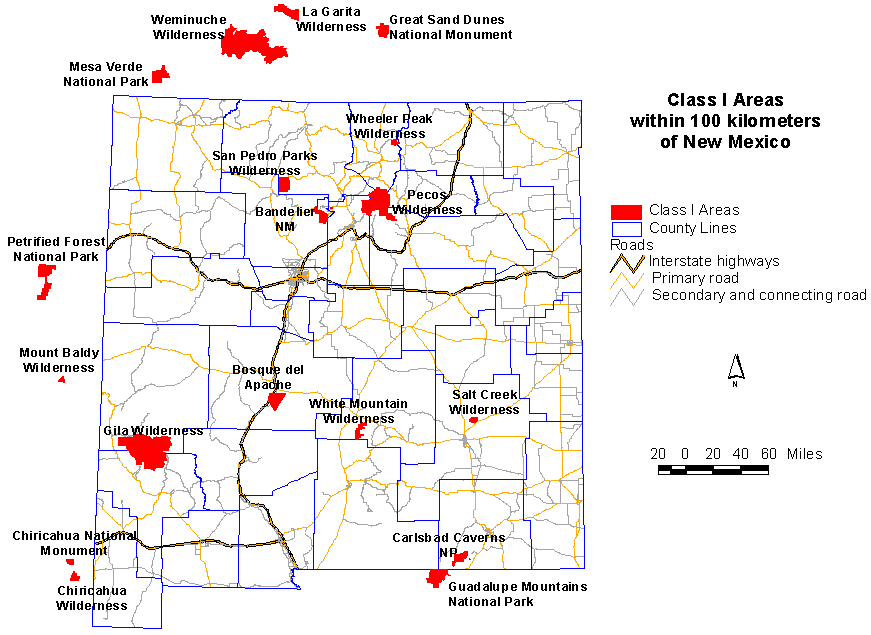


Figure 1

**This drawing is for informational purposes only.**

**Do not submit it with your application.**

**Restricted Area: The fence line is the perimeter of the area to which public access is restricted.**

**Property Boundary**

**The Area of Operations can be repositioned any place within the restricted area (fence line shown as dashed lines), if it also meets all required set back distances set forth in the permit (shown in blue), except where the haul road crosses the fence line, and:**

* **For rock crushers, sand, gravel or asphalt plants, the perimeter of the source’s area of operations would be at least (402.3 meters) one-quarter (1/4) mile from an existing state park, recreation area, school, private residence, office building, or other occupied structure;**
* **For rock crushers, sand, gravel, or asphalt plants, the perimeter of the source’s area of operations would be at least (five (5) kilometers) 3.1 miles from a mandatory federal Class I area;**
* **The Area of Operations also meets all the requirements of the relocation approval for this site.**

**These haul roads are not included in the Area of Operations.**

**These haul roads are included in the Area of Operations.**

**Perimeter of the Area of Operations**

**Required Setback Distance to the Area of Operations (blue area)**

**Public Road**

**This drawing is for informational purposes only. Do not submit it with your application.**

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** |
| December 14, 2021 | Current version of this form. |
| October 14, 2022 | 2023 Fee Updates |
| July 12, 2023 | Removed Section, Township, Range, NAD27, changed lat/long to decimal degrees. Changed to Calibri. |
| November 13, 2023 | 2024 Fee Updates |
|  |  |
|  |  |