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: **Click or tap to enter a date.**
 |
| 1. Company Name:
 |
| 1. Type of Facility
 |
| Please check one: | [ ]  Sand/Gravel/Crushing | [ ]  Asphalt Batch Plant |
| [ ]  Concrete Batch Plant | [ ]  Other (specify)  |
| Process Description:  |
| 1. Permit Number:
 | Date of permit issuance:  |
| 1. Main Office Address:
 |
| Phone:  | Email:  |
| 1. 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.:  |
| 1. Has this facility been located at this site previously? [ ]  Yes [ ]  No
 |
| If Yes, what was the date the facility left this site?  |
| 1. Will the new site be permanent? [ ]  Yes [ ]  No
 |
| 1. Date of proposed startup:
 | Anticipated completion date:  |
| 1. Maximum operating hours at proposed site:  AM –  PM,  days per week
 |
| 1. Describe any special or seasonal operating times, including monthly- or seasonally-varying hours.
 |
| 1. Is this an increase in operating hours from what is currently permitted? [ ]  Yes [ ]  No
 |
| If this is an increase, please describe:  |
| 1. Owner of land at proposed location:  (private, State, Federal, etc.)
 |
| 1. Size of leased/owned property:  Acres
 | Area of operation:  Acres |
| 1. 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: Regulated Emission Sources and Controlled Emissions**

1. List all pieces of process equipment to be relocated, including portable power generating equipment. Add additional rows if needed following the instructions at the bottom of the tables.

NOTE: Operations must cease at the main permitted location while operating at the proposed relocation site. Notifications for stopping and starting operations at both the main and relocation sites should be submitted to the Department as required by 20.11.41.21.A NMAC.

**Regulated Emission Sources Table**

(Generator-Crusher-Screen-Conveyor-Mixer-Haul Road-Storage Pile, etc.) Match the Units listed on this Table to the same numbered line if also listed on the Emissions Table.

| Unit Number and Description1 | Manufacturer | Model # | Serial # | ManufactureDate | InstallationDate | Modification Date2 | ProcessRate or Capacity (Hp, kW, Btu, ft3, lbs, tons, yd3, etc.) | Fuel Type |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  | **/** |  |
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|  |  |  |  |  |  |  |  | **/** |  |

NOTE: To add extra rows in Word, click anywhere in the 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.

1. Unit numbers must correspond to unit numbers in the previous permit unless a complete cross reference table of all units in both permits is provided.

2. To determine whether a unit has been modified, evaluate if changes have been made to the unit that impact emissions or that trigger modification as defined in 20.11.41.7.U NMAC. If not, put N/A.

**Controlled Emissions Table**

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

| Unit Number | Nitrogen Oxides(NOX) | Carbon Monoxide(CO) | Nonmethane Hydrocarbons/Volatile Organic Compounds(NMHC/VOCs) | Sulfur Dioxide(SO2) | Particulate Matter ≤ 10 Microns (PM10) | Particulate Matter ≤ 2.5 Microns (PM2.5) | 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 |
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| 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.

**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?
 | [ ]  Yes [ ]  No |
| 1. 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?
 | [ ]  Yes [ ]  No |
| If Yes, identify and provide approximate distance from proposed facility (attach a separate page with list and descriptions if necessary):  |
| 1. A process flow diagram and an aerial image showing site layout of the proposed location, including fencing restricting access, is provided?
 | [ ]  Yes [ ]  No |
| 1. Proof of weather-proof sign public notice included? 20.11.41.23.E
 | [ ]  Yes [ ]  No |
| 1. 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. | [ ]  Yes [ ]  Not Required |
| 1. Compliance History Disclosure Form is included?
 | [ ]  Yes [ ]  No |

**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.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | Angela Lopez, Environmental Health ManagerAir Quality ProgramCity of Albuquerque Environmental Health Department |  |