



City of Albuquerque  
Environmental Health Department  
Air Quality Program



Tim Keller, Mayor

[Instructions to Complete the AQN Notification Form](#)

Sandra K. Begay, Director

## Background

The City of Albuquerque adopted 20.11.39 NMAC (Part 39) to issue Air Quality Notifications (AQNs) for sources in certain categories with the purpose of provide an alternative mechanism to register, other than the requirements established in 20.11.40 and 20.11.41 NMAC, and still be able to comply with the applicable air quality standards and regulations. To view the full text of Part 39, click [here](#).

The Air Quality Notification (AQN) applies to the following stationary sources located in the City of Albuquerque and Bernalillo County as described in 20.11.39:

**B. "Emergency stationary RICE" or "ES-RICE"** means stationary reciprocating internal combustion engines that serve solely as a secondary source of mechanical or electrical power during the loss of commercial power and which meet one of the following criteria:

- (1) emergency stationary reciprocating internal combustion engines not subject to 40 CFR Part 60, Subpart IIII, Standards of Performance for Stationary Compression Ignition Internal Combustion Engines, 40 CFR Part 60, Subpart JJJJ, Standards of Performance for Stationary Spark Ignition Internal Combustion Engines or 40 CFR Part 63, Subpart ZZZZ, National Emissions Standards for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines, which emit more than two thousand pounds per year of any regulated air contaminant and which would otherwise be subject to 20.11.40 NMAC, Source Registration or 20.11.41 NMAC, Construction Permits;
- (2) compression ignition emergency stationary internal combustion engines as defined in 40 CFR Part 60, Subpart IIII which are subject to that regulation;
- (3) spark ignition emergency stationary internal combustion engines as defined in 40 CFR Part 60, Subpart JJJJ which are subject to that regulation; or
- (4) emergency stationary reciprocating internal combustion engines as defined in 40 CFR Part 63, Subpart ZZZZ which are subject to that regulation

**C. "Gasoline dispensing facility" or "GDF"** means a gasoline dispensing facility as defined in 40 CFR Part 63 Subpart CCCCC, National Emission Standards for Hazardous Air Pollutants for Gasoline Dispensing Facilities, as incorporated by reference in 20.11.64 NMAC, Emission Standards for Hazardous Air Pollutants for Stationary Sources.

If your Emergency Stationary (ES) Source or Gas Dispensing Facility (GDF) falls in one of the above-mentioned categories, you are eligible to apply for the Air Quality Notification (AQN) form. The following instructions will help you complete the AQN form.

NOTE: Submit one AQN Form or each ES Source or GDF. If the facility has multiple Emergency Generators, submit an AQN for each unit. AQNs with multiple units and/or GDFs will not be accepted.

Submittal and approval of this AQN only satisfies the requirements of 20.11.39 of the NMAC. Your site may still be subject to other permits and registrations with the City of Albuquerque and Bernalillo County, such as a Fugitive Dust Control Construction Permit. **Incomplete AQN applications or AQN applications without payment will not be processed.**

To download the AQN form click on this [link](#).

### Section 1 – Company/Owner Information

<b>Company/Owner Name:</b> <b>Street Address:</b> <b>City, State:</b> <b>Zip Code:</b>	Enter the name and address of the Company/Owner of the unit or facility.
<b>Company/Owner Contact Name:</b> <b>Title:</b> <b>Phone Number:</b> <b>E-mail Address:</b>	Enter the name and title of the contact for the Company/Owner along with a phone number and email address where he or she can be reached.

### Section 2 – Facility Information

<b>Facility Name:</b> <b>Street Address:</b> <b>City, State:</b> <b>Zip Code:</b>	<i>For ES source:</i> Enter the name of the facility and address where the source will be or is located. <i>For GDF:</i> Enter the proposed or existing name and address of the GDF. <b>NOTE: The facility address must be within the Albuquerque/Bernalillo County Area.</b>
<b>Facility Contact Name:</b> <b>Title:</b> <b>Phone Number:</b> <b>Cell Number:</b> <b>E-mail Address:</b>	Enter the name and title for the contact at the facility, along with a phone number, cell number and email address where he or she can be reached.
<b>UTM Coordinates East:</b> <b>North:</b>	Enter the Easting UTM coordinate for the facility. Enter the Northing UTM coordinate for the facility. <b>NOTE: You may provide the Latitude and Longitude Coordinates.</b>

### Section 3 – Billing Information

<b>Billing Company:</b> <b>Name and Title:</b> <b>Phone Number:</b> <b>E-mail Address:</b>	Enter the name of the company that will be billed for this notification, as well as the name, title, phone number and email address of the person that can be reached regarding any billing questions/issues.
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### Section 4 – AQN Determination

<b>Does this facility have any other equipment that may be subject to another type of Air Quality Permit?</b>	Answer YES, if there is other type of equipment that is subject to Air Quality Regulations, such as boiler, or a non-emergency generator. Answer NO, if the emergency generator or the gas dispensing facility is the only equipment subject to Air Quality Regulations at the facility. If you have questions, please call: 505-768-2624.
<b>Is this an AQN application for a new gas station or an emergency generator?</b>	Answer YES if this is a new source/facility that has not been permitted/registered before. Answer NO, if you have file an air quality permit application or an AQN application before for the same facility.
<b>If you answered YES</b>	
<b>What is the anticipated Start Date:</b>	<i>For ES:</i> Enter the date when the emergency stationary source will start operating. <i>For GDF:</i> Enter the anticipated date when GDF will start operating.

<b>Installation Date:</b>	For ES: Enter the date when the emergency stationary source will be installed or when it was installed. For GDF: Enter the construction date of the GDF system (pumps, vent pipes, pipelines, refueling manholes, etc...) at the facility.
<b>If you answered NO</b>	
<b>Is this a transfer of a prior authorization?</b>	Answer YES if this is a change in ownership.
<b>Is this an amendment to an existing AQN?</b>	Answer YES if some of the information on the original AQN has changes, for example: engine size, engine manufacturer, engine model, the number of refueling positions, type of fuel, number or size of the fuel storage tanks at gas station, etc....
<b>What is the facility's latest permit number or AQN Tracking Number?</b>	Provide the current permit number If this is the first time applying for an AQN for this facility. OR if you already applied for an AQN, please provide the AQN Tracking Number.

**IMPORTANT:** If your project will include surface disturbance of ¼-acre or more, a building demolition greater than 75,000 sqf, and/or the demolition or renovation of a building (any size), you are required to submit a Fugitive Dust Control Construction Permit and/or complete an asbestos survey prior to demolition or renovation. For additional information regarding these requirements, please contact the City of Albuquerque Fugitive Dust Control Team at 505-768-1972.

- If this AQN is for an Emergency Generator, you will need to complete the information requested in Section 5.
- If this is an AQN for a GDF, you will need to complete the information requested in Section 6.

### Section 5 – Internal Combustion Engines Information for Emergency Generators

*This section only applies for AQN for Emergency Generators*

Enter the Manufacturer, the Manufacture Date, Modification Date, Fuel Type, Model Number, Serial Number, and Engine Size (in horsepower and kilowatts) for this source.

**NOTE: Submit one AQN for each unit. Multiple units in one AQN will not be accepted.**

### Section 6 – Gas Dispensing Facilities

*This section only applies for AQN for Gas Dispensing Facilities*

<b>Anticipated Annual Gasoline Throughput</b>	Enter the anticipated annual gasoline throughput for this facility. If this an AQN for an existing facility, please use the annual gasoline throughput reported in the last annual emissions inventory submitted to the City of Albuquerque.
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#### REFUELING POSITIONS

<b>Total Number of Refueling Positions</b>	Enter the number of refueling positions at the facility.
<b>Type of Fuel/Tank #</b>	Enter the Type of fuel at each refueling station (gasoline, diesel, both or heavy truck diesel).

#### FUEL STORAGE TANKS

<b>Total Number of Tanks:</b>	Enter the total number of tanks at the facility (aboveground and/or underground).
<b>Individual Tank Information and Tank No.</b>	For each fuel storage tank, provide the following information: Type of Fuel: Regular, super unleaded, diesel. Location: Above- or underground. Storage Capacity: In gallons. Installed or Proposed Date: When was or when will the tank be installed.