**Instructions to Complete the Air Quality Notification (AQN) Application Form**

**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 providing 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, visit: <https://www.srca.nm.gov/parts/title20/20.011.0039.html>.

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:

1. ***“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*
2. ***"Gasoline dispensing facility" or “GDF”*** *means a gasoline dispensing facility as defined in 40 CFR Part 63 Subpart CCCCCC, 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 RICE (ES-RICE) or Gas Dispensing Facility (GDF) falls into one of the above-mentioned categories, you may be eligible to apply for an Air Quality Notification (AQN). If you are applying for multiple AQNs for ES-RICE at a facility, they may not quality for AQNs depending on total size. Contact the Department for guidance. The following instructions will help you complete the AQN Form.

NOTE: **Do not** submit AQN applications more than 3 months prior to receiving engine delivery or gas station operation. The required information for a complete application may not be available too far in advance.

Submit one AQN Form for each ES-RICE or GDF. If the facility has multiple Emergency Engines, submit an AQN Form for each unit. AQN Forms with multiple units and/or GDFs will not be accepted. Complete as much of the AQN Form as possible electronically, other than signature.

Submittal and approval of this AQN only satisfies the requirements of 20.11.39 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 visit: <https://www.cabq.gov/airquality/air-quality-permits/air-quality-application-forms>

**Application cover letter:** Describe/explain for what this AQN application is being submitted. If this application is for a transfer or an amendment, please explain what is being changed.

**AQN Form Instructions**

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| **Section 1 – Company/Owner Information** | |
| **Company/Owner Name:** | Enter the name and address of the Company/Owner of the unit or facility. This should not be a consultant or contractor, but the owner/operator of the unit or facility once it is operational.  Provide consistent Company/Owner information between different AQN applications so that unnecessary extra records are not created. |
| **Street Address:** |
| **City, State:** |
| **Zip Code:** |
| **Company/Owner**  **Contact Name:** | Enter the name and title of the contact for the Company/Owner along with a phone number and email address where they can be reached.  The owner or operator shall notify the Department of any changes in company or contact information within 30 days of the change (20.11.39.18(A) NMAC). This notification should be in the form of a letter and an updated AQN application requesting an Administrative Amendment, which has no fee. |
| **Title:** |
| **Phone Number:** |
| **E-mail Address:** |

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| **Section 2 – Facility Information** | | |
| **Facility Name:** | | *For ES-RICE:* Enter the name of the facility and address where the emergency engine will be or is located.  *For GDF:* Enter the proposed or existing name and address of the GDF.  ***NOTE: The facility address must be within the Albuquerque/Bernalillo County Area.*** |
| **Street Address:** | |
| **City, State:** | |
| **Zip Code:** | |
| **Facility Contact Name:** | | Enter the name and title for the contact person at the facility, along with a phone number and email address where they can be reached.  The owner or operator shall notify the Department of any changes in facility or contact information within 30 days of the change (20.11.39.18(A) NMAC). This notification should be in the form of a letter and an updated AQN application requesting an Administrative Amendment, which has no fee. |
| **Title:** | |
| **Phone Number:** | |
| **E-mail Address:** | |
| **UTM Coordinates** | | Enter the Universal Transverse Mercator (UTM) Easting and Northing coordinates for the facility (e.g. 349,433; 3,884,008. UTM coordinates to the nearest meter are sufficient.  **Do not** provide latitude/longitude coordinates. If your coordinates look similar to the following, they are in latitude/longitude and need to be converted: 35.0876°, -106.6517°  These websites are good resources if you need to convert coordinates: <http://rcn.montana.edu/resources/Converter.aspx> or <https://www.ngs.noaa.gov/NCAT/>  These coordinates should be the approximate center of a GDF or the approximate center of an ES-RICE unit, not the building to which an ES-RICE provides emergency backup power. |
| **Easting:** | **Northing:** |

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| **Section 3 – Billing Information** | |
| **Billing Company:**  **Mailing Address:**  **City, State:**  **Zip Code:**  **Billing Contact Name**  **Title:**  **Phone Number:**  **E-mail Address:** | Enter the name of the company that will be billed annually for this AQN, as well as the name, title, phone number and email address of the person, or department, that can be reached regarding any billing questions/issues. This should not be a consultant or contractor, but should be the owner/operator of the unit or facility, and a contact at that company, who will be responsible for the annual fees. The billing contact can be a billing department, or billing office, at the company rather than an individual person in order to minimize disruptions if individuals leave the company. The billing department or office must be able to receive mail.  Provide consistent Billing information between different AQN applications so that unnecessary extra records are not created and potential billing issues are avoided.  The owner or operator shall notify the Department of any changes in billing company or contact information within 30 days of the change (20.11.39.18(A) NMAC). This notification should be in the form of a letter and an updated AQN application requesting an Administrative Amendment, which has no fee.  Annual fees are billed each year in August. Fee invoices will be sent to the billing contact so it important to notify the Air Quality Program if the billing contact information changes. Annual fees can be found on the AQP website here: <https://www.cabq.gov/airquality/air-quality-permits/annual-permit-fees> |

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| **Section 4 – AQN Determination** | |
| **Does this facility have any other equipment that may be subject to another type of Air Quality Permit?** | Answer YES if there is any other type of equipment at the facility that is subject to Air Quality Regulations, such as a process boiler, or a non-emergency engine.  If YES, the facility may not be eligible for an AQN. AQNs apply to facilities that consist of only ES-RICE and/or a GDF. If there is other equipment subject to an Air Quality Regulation, the equipment that may have been eligible for an AQN would not be eligible (20.11.39.2 NMAC). Fuel burning equipment used solely for heating buildings or producing hot water for personal comfort, such as a boiler or hot water heater, does not require a permit if they are below the exemption thresholds. These are 5 MMBtu/hr or less for gaseous fuel and 1 MMBtu/hr or less for distillate oil, not including waste oil. This type of equipment would not make a facility ineligible for an AQN.  Answer NO if the emergency engine or the gas dispensing facility is the only equipment subject to Air Quality Regulations at the facility.  If you have questions, please call: 505-768-1972. |
| **Is this an AQN application for a new gas station or a new emergency engine at this location?** | Answer YES if this is a new source/facility that has not been permitted/registered before. Complete and submit a cover letter, the AQN application form, supporting documents and the Permit Application Review Fee Checklist. Submit the fee for an AQN New Application.  Answer NO if you have an existing permit, registration or AQN for the same ES-RICE or GDF or if you are replacing a permitted ES-RICE. |

**If you answered YES to this AQN being for a new gas station or new emergency engine:**

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| **What is the anticipated Installation Date:** | *For ES-RICE:* Enter the date when the emergency stationary RICE 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. |
| **What is the anticipated Start Date:** | *For ES-RICE:* Enter the date when the emergency stationary RICE will start operating.  *For GDF:* Enter the anticipated date when the GDF will start operating. |

**If you answered NO to this AQN being for a new gas station or new emergency engine:**

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| **Is this a transfer of a prior authorization?** | Answer YES if this is a transfer from an existing registration or permit to an AQN.  Answer NO if this application is a request for some type of amendment to an existing AQN and not a transfer from an existing registration or permit to an AQN. |
| **With transfer of ownership?** | Answer YES if this application is requesting a transfer from a permit/registration to an AQN, as well as a transfer of ownership.  If YES, complete and submit a cover letter, the AQN application form, the Transfer of Ownership form and the Permit Application Review Fee Checklist. Submit the fee for AQN Transfer of a Prior Authorization and no fee for the transfer of ownership.  Answer NO if this is a transfer of a prior authorization with no change in ownership, complete and submit a cover letter, the AQN application form and the Permit Application Review Fee Checklist. Submit the fee for AQN Transfer of a Prior Authorization.  Answer NO if this application is not related to a transfer of a prior authorization. |
| **Is this an Administrative Amendment to an existing AQN?** | Answer YES if some of the information on the original AQN has changed, such as owner name, address or contact information; facility contact information; or billing address or contact information.  Complete and submit a cover letter and the AQN application form. There is no fee for these changes.  If the change is a transfer of ownership, complete the Transfer of Ownership form and submit along with a cover letter and the AQN application form. There is no fee for these changes for an AQN.  Answer NO if the application is for a transfer of prior authorization or a Technical Amendment. |
| **Is this a Technical Amendment to an existing AQN?** | Answer YES if some of the information on the original AQN has changed, for example: engine/generator rated power, manufacturer, model, serial number, the number of refueling positions, type of fuel, number or size of the fuel storage tanks at a gas station. This could be if an engine/generator is not being replaced but information is changing. An engine/generator replacement would also require a Technical Amendment.  Complete and submit a cover letter, the AQN application form, supporting documents and the Permit Application Review Fee Checklist. Submit the fee for AQN Technical Amendment.  Answer NO if the application is for a transfer of prior authorization or an Administrative Amendment. |
| **If Tech Amendment is for, or transfer of prior authorization includes, engine replacement, provide anticipated:**  **Installation Date:**  **Start Date:** | If this application is being submitted to request a Technical Amendment because the engine/generator is being replaced, provide the anticipated installation and start dates for the new engine/generator.  If this application is being submitted to request a transfer of prior authorization, which also includes engine/generator replacement, provide the anticipated installation and start dates for the new engine/generator.  If engine/generator is not being replaced, leave these dates blank. |
| **What is the facility’s current/most recent permit/registration number or AQN Number?** | Provide the current permit number if transferring to an AQN from an existing registration or permit and this is the first time applying for an AQN for this facility.  OR if you are amending an existing AQN, please provide the current AQN Number from your approved application. |

***IMPORTANT: If your project will include surface disturbance of ¾-acre or more, or a building demolition greater than 75,000 cubic feet – you are required to submit a Fugitive Dust Control Construction Permit application. If your project will include the demolition or renovation of a commercial building (any size), residential building of 5 or more dwellings, or demolition of a residential structure to build a non-residential structure, you may be required to complete an asbestos survey and/or submit a NESHAP notification prior to demolition or renovation. For additional information regarding these requirements, please visit*** [***https://www.cabq.gov/airquality/air-quality-permits/fugitive-dust-program***](https://www.cabq.gov/airquality/air-quality-permits/fugitive-dust-program) ***or*** [***https://www.cabq.gov/airquality/air-quality-permits/asbestos-program***](https://www.cabq.gov/airquality/air-quality-permits/asbestos-program)***, or contact the City of Albuquerque Fugitive Dust Control Team at 505-768-1972, option 3 or 5.***

**Section 5 and 6**

* If this AQN is for an Emergency Engine, 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.
* **Do not complete both sections. Only Section 5 or Section 6 should be completed. AQN applications with multiple units and/or facilities will not be accepted.**

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| **Section 5 –Emergency Stationary RICE** |
| ***This section only applies to AQNs for Emergency Engines*** |
| Enter the following information for both the engine and generator portions of the generator set: Manufacturer, Model Number, Serial Number, Manufacture Date, Modification Date (if applicable) and Rated/Nameplate Power (in horsepower and kilowatts). Also enter the Engine Fuel Type, and Engine Ignition Type (compression or spark) for the internal combustion engine.  The Engine Rated/Nameplate Power (in horsepower and kilowatts) and the Generator Rated/Nameplate Power (in kilowatts) are requested separately in case emissions need to be calculated for the engine and the emission factors are based on the engine kilowatt rating. The Rated/Nameplate Power values should be based on the manufacturer’s spec sheet and/or nameplate, and should be the Standby or nameplate horsepower. Do not de-rate the engine horsepower based on elevation or any other factor.  It is important to have the Model Number, Serial Number and Manufacture Date at the time of submittal so that the AQN will not have to be amended later.  For what type of facility will/does this engine/generator provide backup power? Facility NAICS Code. Provide a short facility type description and the NAICS Code for this facility type. This will assist the AQP in determining applicability and exemptions, especially for NSPS Subpart ZZZZ.  The Modification Date would only apply if the owner/operator has made changes to the unit that impact emissions or that trigger modification as defined in 20.11.1.7(MM) NMAC. If not, put N/A. |
| ***NOTE: Submit one AQN for each unit. Multiple units in one AQN will not be accepted.*** |
| **Will this ES-RICE only be used for emergency purposes, other than as allowed by applicable regulations? Yes**  **No**  ***This statement is required to be part of the AQN application by 20.11.39.14(B)(5) NMAC. If No is checked, the engine is not eligible for an AQN.*** |

***The following attachments are required to be included as part of an ES-RICE AQN application:***

* ***Engine/generator manufacturer data/specification sheets***
* ***EPA Tier Certification (Certificate of Conformity) documents for the engine, if applicable***
* ***A detailed site map/plan of the property where the engine will be or is installed showing equipment and building layout***

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| **Section 6 – Gas Dispensing Facilities** | | |
| ***This section only applies to AQNs for Gas Dispensing Facilities*** | | |
| **Anticipated Annual Gasoline**  **Throughput (in gallons)** | Enter the anticipated annual gasoline throughput, in gallons, for this facility. If this an AQN for an existing facility that currently has a permit/registration, please use the annual gasoline throughput reported in the last annual emissions inventory submitted to the City of Albuquerque. | |
| **REFUELING POSITIONS** | | |
| **Total Number of**  **Refueling Positions** | Enter the number of refueling positions at the facility. | |
| **Type of Fuel/Refueling Position #** | Enter the type of fuel at each refueling station (gasoline, diesel, both or heavy truck diesel). | |
| **FUEL STORAGE TANKS** | | |
| **Total Number of Tanks** | Enter the total number of tanks at the facility (aboveground and/or underground). | |
| **Individual Tank Information**  **and Tank Number** | For each fuel storage tank, provide the following information: | |
| Type of Fuel Stored:  Location:  Storage Capacity:  Installed or Proposed Date: | Regular, super unleaded, diesel, heavy truck diesel  Above- or underground  In gallons  When was or when will the tank be installed |

***The following attachments are required to be included as part of a GDF AQN application:***

* ***A detailed site map/plan of the property where the GDF will be or is located showing equipment and building layout***

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| **Section 7 – Certification** |
| This section must be completed with the name, title, date and signature of a responsible officer of the applicant/owner company certifying the accuracy of the submitted application and supporting documentation.  The certification cannot be signed by a consultant or contractor. The certification should be signed by an authorized person employed by the company who will be the owner/operator of the unit or facility once it is operational. |

Requirements

Several of the basic requirements of the owner/operator of an AQN are listed below and at the end of the AQN Application Form. These are meant to assist owner/operators with the most common requirements of an AQN. These may not be all of the requirements for an ES-RICE or a GDF that is granted an AQN. See Part 39 and/or applicable federal regulations for all requirements for the unit or facility.

The AQN application form will be returned with an issuance letter if the application is approved or a notice will be sent if the application is denied. If this AQN is approved, the issuance letter and approved AQN application with Facility ID and AQN Number will serve as documentation of approval by the Department and should be retained. The owner/facility will be responsible for complying with all requirements of Part 39, some of which are described in 20.11.39.13 NMAC.

In accordance with 20.11.39.13(A)(3) NMAC, the owner or operator of each Part 39 source shall submit an annual emissions report to the Department by March 15 of each year. For their annual emission report, GDFs granted an AQN shall submit a report of their annual gasoline throughput for the previous January through December (20.11.39.13(A)(3)(a) NMAC). For their annual emission report, ES-RICE granted an AQN shall submit a report of their annual operating hours for the previous January through December (20.11.39.13(A)(3)(b) NMAC). Each annual emission report must also contain all of the information required by 20.11.39.13(A)(3)(c) NMAC.

The emission inventory submission form can be found here: <https://www.cabq.gov/airquality/compliance-enforcement/emission-inventory>. Submit a separate emission inventory for each AQN if you have more than one.

In accordance with 20.11.39.18(A) NMAC, the owner/operator of the equipment listed in the AQN shall notify the Department in writing of any change of name, address or contact information for the owner, operator or billing company within thirty (30) days of the change. The owner/operator shall request an Administrative Amendment for the change(s) by submitting a complete AQN application form with all required information, not just the information that needs to be updated, and the change shall be effective upon the Department’s issuance of an amended AQN.

In accordance with 20.11.39.18(B) NMAC, if the owner/operator of the equipment listed in the AQN proposes a change to the equipment or facility, such as engine/generator rated power, engine/generator manufacturer, engine/generator model, the number of refueling positions, type of fuel, number or size of the fuel storage tanks at a gas station, the owner/operator shall do so by submitting an application for an AQN Technical Amendment at least 30 days prior to making any change and shall pay the appropriate fee. No change shall be made until the Department issues an amended AQN or denies the amended AQN.

In accordance with 20.11.39.19(C) NMAC, each owner/operator of a source with a valid AQN shall pay an annual emission fee upon receiving an invoice from the Department.