**Air Quality Notification Form (AQN) for Emergency Generators RICE as described in 20.11.39.13(B) NMAC and Fuel Dispensing Facilities as described in 20.11.39.13(C) NMAC located in Bernalillo County**

**FOR ADMINISTRATIVE USE ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Record Number:** |  | **AQN Approved** | **Yes** | **No** |
| **Facility ID:** |  | **Approval or Denial Date:** |  | |

***NOTE: Submit one AQN Form for each Emergency Generator or Gasoline Dispensing Facility (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 or Bernalillo County. Please refer to the instructions for additional information.***

**Please provide the following information:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1 – Facility Information** | | | | | | | | |
| **Facility Name:** | | **Street Address:** | | | **City, State:** | | | **Zip Code:** |
| **Facility Contact Name**: | | **Title:** | | | **Phone Number:** | | | **Cell Number:** |
| **UTM Coordinates** (required, please provide the coordinates) | | | | | | **E-mail Address:** | | |
| **East** | | | **North** | | |  | | |
| **Section 2 – Company/Owner Information** | | | | | | | | |
| **Company/Owner Name:** | | **Street Address:** | | **City, State:**       , | | | **Zip Code:** | |
| **Company/Owner Contact Name:** | | **Title:** | | **Phone Number:** | | | **E-mail Address:** | |
| **Section 3 – Billing Information** | | | | | | | | |
| **Billing Company:** | **Contact Name and Title:**       , | | | **Phone Number:** | | | **Email Address** | |

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| **Section 4 – AQN Determination** | | | | | | | | | | | | | |
| Is this an AQN for a new gas station or emergency generator? | | | | | **Yes** | **No** | | |
| **If Yes,** | What is the anticipated | | Start Date: | | Installation Date: | | | | | | | | |
| **If No,** Is this a transfer of a prior authorization | | **Yes,** | | What is your permit number: | | |  | | | **No** | |
| Is this stationary source part of an operation subject to another type of permit with the City of Albuquerque Air Quality Program? | | | | | | | | **Yes** | | | **No** | |

***Note:***

* ***If this is an AQN for an Emergency Generator, please provide the information requested in Section 5***
* ***If this is an AQN for a Gas Dispensing Facility, please provide the information requested in Section 6***

**Only complete Section 5 or Section 6, as it applies to your request.**

**AQN with multiple units and/or facilities will not be accepted.**

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| --- | --- | --- | --- |
| **Section 5 – Internal Combustion Engine Information for Emergency Generator** | | | |
| **Manufacturer:** | **Manufacturer Date:** | **Modification Date:** | **Fuel Type:** |
|  |  |  |  |
| **Model No.** | **Serial No.** | **Engine Size (Hp):** | **Engine Size (kW):** |
|  |  |  |  |

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| **Section 6 – Gas Dispensing Facilities** | | | | | | | | | | | |
| **Anticipated Annual Gasoline Throughput:** | | | | |  | | | | | | |
| ***If this is an existing facility, please use the annual throughput reported in the last annual emissions inventory submitted to the City of Albuquerque.*** | | | | | | | | | | | |
| **REFUELING POSITIONS** | | | | | | | | | | | |
| **Total Number of Refueling Positions:** | | | | |  | | | | | | |
| **Individual Refueling Position Information** | | | | | | | | | | |
| **Type of Fuel**  (gasoline, diesel, both; or heavy truck diesel) | **#1** | **#2** | **#3** | | **#4** | **#5** | **#6** | | **#7** | | **#8** |
|  |  |  | |  |  |  | |  | |  |
| **#9** | **#10** | **#11** | | **#12** | **#13** | **#14** | | **#15** | | **#16** |
|  |  |  | |  |  |  | |  | |  |
| **FUEL STORAGE TANKS** | | | | | | | | | | | | | |
| **Total Number of Tanks (Above- and/or Underground):** | | | | | |  | | | | | | |
| **Individual Tank Information** | | **Tank 1** | | **Tank 2** | | **Tank 3** | | **Tank 4** | | **Tank 5** | | |
| **Type of fuel store**  (reg. unl., super unl., diesel) | |  | |  | |  | |  | |  | | |
| **Location**  (above/underground) | |  | |  | |  | |  | |  | | |
| **Storage Capacity**  (in Gallons) | |  | |  | |  | |  | |  | | |
| **Installed or**  **Proposed Date** (month/year) | |  | |  | |  | |  | |  | | |

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| **Section 7 – Certification** | | | |
| *I, the undersigned, a responsible officer of the applicant company, certify that to the best of my knowledge, the information stated on this application, together with associated drawings, specifications, and other data, give a true and complete representation of the proposed or existing unit or fuel dispensing facility, with respect to air pollution and control equipment. I also understand that any significant omissions errors, or misrepresentations in these data will be cause for revocation of the Air Quality Notification (AQN).* | | | |
| Printed Name: |  | Title: |  |
| Signature: |  | Date: |  |
|  | | | |