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| **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/) |  | For Department use only: |
| **Application Form for an Alternative Equipment Leak Monitoring Plan**  The New Mexico Environment Department (NMED) developed this Application Form for evaluating proposed Alternative Equipment Leak Monitoring Plans (AELMP). AELMPs may include alternative monitoring methods, technologies, or procedures for use in lieu of, or in combination with, optical gas imaging (OGI) and/or EPA Method 21, for equipment leaks and fugitive emissions detection as required by Subsection D of 20.2.50.116 NMAC. Please note that NMED will not consider a proposed AELMP until it is has moved past the development, testing, or prototype phase and has repeatable proven or demonstrated success in hydrocarbon emission detection. Also note that NMED may require a field demonstration of a proposed AELMP, which should be arranged by the applicant. Submitting an application with missing or incomplete information will result in the application being determined technically incomplete and will result in a denial of the proposal by NMED. | | |
| **This Application is being submitted as:**  A request for review and approval by NMED of a new AELMP  A request to operate under a pre-approved AELMP previously approved by NMED | | |

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| **SECTION 1 – COMPANY INFORMATION** | | |
| 1) | Company Name: | |
|  | Mailing Address: | |
| 2) | Company Contact Name: | Phone/Fax: |
|  | Mailing Address: | E-mail: |
| 3) | Preparer  Consultant | Phone/Fax: |
|  | Mailing Address: | E-mail: |

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| **SECTION 2 – ALTERNATIVE MONITORING METHOD AND/OR TECHNOLOGY INFORMATION** | |
| 4) | Is the AELMP leak detection technology commercially available?  **Yes  No** |
| 5) | Will the proposed AELMP leak detection technology be offered for sale, rental, or contracted service (please specify all that apply)?  **Sale  Rental  Contracted Service** |
| 6) | Name of AELMP leak detection technology: |
| 7) | Please specify the AELMP leak detection technology platform (check all that apply):  **Handheld  Mobile  Aerial  Satellite  Stationary  Other:** |
| 8) | Is the AELMP leak detection technology capable of continuous monitoring?  **Yes  No** |
| 8a) | If “no,” please provide the monitoring frequency: |
| 9 | Is the AELMP approved by another regulatory authority?  **Yes  No** |
| 9a) | If “yes”, please provide the name of the regulatory authority and indicate the application the AELMP was approved for. |
| 10) | Please describe the capabilities of the AELMP (for example: pollutants detected, detection limits in ppm or kg/hr, probability of detection, spatial resolution, detection technology, etc.), any limitations that may impact the AELMP performance (for example: distance, topography, wind speed, temperature, precipitation, etc.), as well as any other restrictions on use (please provide supporting data or information): |
| 11) | Please describe how the AELMP will be used to identify leaks and how individual leaks will be identified (e.g. use of ground-level OGI or Method 21 procedures) and repaired, the leak repair schedule, and any follow-up actions: |
| 12) | Please describe and provide documentation (e.g., field or test data, LDAR-Sim or FEAST modeling) showing how the proposed AELMP is capable of achieving emissions reductions that are at least as effective as the emission reductions achieved using OGI or EPA Method 21 monitoring instrument (attach supporting documentation): |
| 13) | Please describe the frequency of measurements and data logging capabilities of the proposed AELMP (attach supporting documentation): |
| 14) | Please describe the data quality indicators for precision and bias of the proposed AELMP (attach supporting documentation): |
| 15) | Please describe the quality control and quality assurance procedures necessary to ensure proper operation of the proposed AELMP (attach supporting documentation): |
| 16) | Please describe the training and/or certification required to operate and understand the proposed AELMP (attach supporting documentation): |

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| **SECTION 3 – ADDITIONAL INFORMATION** | |
| *Please include the following with this application and mark or identify appropriately for review purposes. This*  *application may be considered incomplete if the following are not included.* | |
| 17) | Supplemental information on the proposed AELMP. This information should be provided in easy-to-understand terms or language and should cover any of the requests for supporting data/information/documentation identified in Section 2.  **Included** |
| 18) | An Operation and Maintenance (O&M) Plan for the proposed AELMP that covers the following:   * Standard operating procedures * Example recordkeeping format * Calibration and maintenance schedules for the AELMP   **Included** |

**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 , , upon my oath or affirmation, before a notary of the State of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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\*Signature Date

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Printed Name Title

Scribed and sworn before me on this day of , .

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

day of , .

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Notary's Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary's Printed Name

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| *AQB Internal Use Only* | |
| Approved  Not Approved | Date: |
| Notes: | |