

**NMED AIR QUALITY BUREAU – ENFORCEMENT SECTION  
P.O. BOX 26110 - SANTA FE, NM – 87502-0110  
AFFIRMATIVE DEFENSE DEMONSTRATION FORM**

*TO BE USED FOR STARTUP OR SHUTDOWN PURSUANT TO 20.2.7.112 NMAC – FAX NUMBER 505-827-1523*

**The information requested below should be submitted to the address above within 10 days after submittal of the initial notification of the event.**

AI Number:	Tracking Number:	Company Name:	Facility Name:	
Permit No.:	Emission Unit No.:	Emission Unit Description:	Person Reporting:	Phone Number:

\*\*\*The owner or operator must explain each of the following criteria to claim the affirmative defense. Additional pages should be attached if more space is required. Attach all supporting documentation (i.e. contemporaneous logs, charts, maintenance records, etc). \*\*\*

-----  
(1) Could this event have been foreseen and avoided or planned for? Why or why not (explain in detail)?

-----  
(2) Please list all non-permitted startup events that were not due to malfunction in the past five (5) years that involved the same emissions unit(s). If there was one or more events in the preceding two (2) years involving the same emissions unit(s), explain why the issue was not resolved previously?

-----  
(3) Were these excess emissions caused by an intentional bypass of pollution control equipment? If so, please explain why.

(4) For the duration of the event, explain how the air pollution control equipment or process equipment were maintained and operated in a manner consistent with good practice for minimizing emissions.

(5) What was the amount and duration of the excess emissions during the startup or shutdown event? Explain how this was the minimum amount and duration practicable.

(6) Explain why the excess emissions did not cause or contribute to an exceedence of an ambient air quality standard. Please provide documentation including air dispersion modeling if necessary.

(7) Were emission monitoring systems (if applicable) kept in operation during this event? Why or why not?

(8) Was the owner or operator's actions during this event documented by properly signed, contemporaneous operating logs, or other relevant evidence? Attach the logs and evidence.

(9) When did the event commence? When was notification submitted to the Air Quality Bureau?

**I certify, based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate and complete.**

SIGNATURE OF PERSON RESPONSIBLE FOR TITLE V (if applicable):

SIGNATURE OF REPORTING PERSON:

TITLE:

TITLE: