



New Mexico Environment Department
Air Quality Bureau
Compliance and Enforcement Section
1301 Siler Road building B
Santa Fe, NM 87507
Phone (505) 476-4300 Fax (505) 476-4375



Version 07.03.08

REPORTING SUBMITTAL FORM INSTRUCTIONS

Overview

The Reporting Submittal Form standardizes the way routine reports are received and evaluated by the Air Quality Bureau (AQB) Compliance and Enforcement Section. Common reports include but are not limited to Title V Annual Compliance Certifications (ACCs) and Semi-annual Reports, Stack Test Protocols, Stack Test Reports, Periodic Reports required by regulation (i.e. 20.2.35 NMAC, NSPS Subpart KKK) and Initial Start-up notifications.

Please do NOT use the Reporting Submittal Form for submittals such as Emission Inventories, Modeling Analyses, and Permit Applications. These submittals are not evaluated by the AQB Compliance and Enforcement Section.

One form is used for each required submittal. Combined submittals (i.e.; two different reports using the same submittal form) are no longer accepted by the Compliance and Enforcement Section. This is required in order to ensure correct data entry by AQB admin staff for each submittal type received.

For complete and accurate submittals the submitter will receive an email confirmation with an activity number assigned to the submittal. Please save this number for any future correspondence. The failure to submit a complete and accurate form may result in rejection. If your submittal has been rejected, you will be notified by email to correct and/or complete the form and re-submit to the AQB.

Any questions or concerns can be answered by the Compliance and Enforcement Staff.

Section I – General Facility Information

PLEASE NOTE : ® - Indicates a required field.

Complete each required field in Section I. For those not applicable please state “not applicable” or “NA” in that field. This section must be completed in its entirety in order for the report to be processed.

- A. Company Name: Write or type the name of the company that owns or operates the facility submittal.
- B. Company Address: Write or type the company address information.
- C. Company Environmental Contact: Write or type the environmental contact information, including title, phone number, facsimile number, and email address (if available).
- D. Facility Name: Write or type the facility name as designated by its issued permit.
- E. Facility Address: Write or type the facility address information.
- F. Facility Contact: Write or type the facility contact information, including title, phone number, facsimile number, and email address (if available).

PLEASE NOTE – Fields G – J below are required if you are a Title V source.

- G. Responsible Official (Title V only): Write or type the name of the company responsible official (as defined by 20.2.70.7.AD NMAC).
- H. Title: Write or type the title of the person reported as the Responsible Official (Title V only).

- I. Phone Number: Write or type the phone number of the Responsible Official (Title V only), include the area code and extension, if applicable.
- J. Fax Number: Write or type the facsimile number of the Responsible Official (Title V only), include the area code.
- K. AI Number: Write or type the Agency Interest number of the facility. If unknown, you may retrieve the information online at <http://eidea.state.nm.us/eTempoWeb/PortalFrontPage> and/or contact the Compliance and Enforcement Section at (505) 476-4300.
- L. Title V Permit Number: Write or type the current Title V permit number. Issued Title V permits begin with the letter "P".
- M. Title V Permit Issue Date: Write or type the date (mm/dd/yyyy format) the current Title V permit was signed.
- N. NSR Permit Number: Write or type the current NSR permit number.
- O. NSR Permit Issue Date: Write or type the date (mm/dd/yyyy format) the current NSR permit was signed.
- P. Reporting Period: One of the three categories of reporting period must be completed. Write or type the From and To dates for the reporting period. For one time submittals, these dates will be the same. For test protocols write in the Proposed Test Date field. For test reports write in the Actual Test Date field. Type "not applicable" or "NA" for the two fields not used when submitting.

Contrary to the previous version of instructions, all Reporting Period, Proposed Test Date, and Actual Test Date entries are to be made in the format of Month Date, Year such as March 26, 2008.

Section II – Type of Submittal

PLEASE NOTE - Be sure to check ONLY ONE box in Section II. **Do NOT check box F for Permit Requirement if any other category is applicable.** For example, even though a Title V Annual Compliance Certification is required by Permit Condition 6.1, ONLY check box A for Title V Annual Compliance Certification and indicate the permit condition as demonstrated by the example below.

- A. Title V Annual Compliance Certification: Check box if applicable. Cite the specific **Permit Condition** from the Title V permit (Example: Condition 6.1). Common populations for the **Description** box may include:

A. <input checked="" type="checkbox"/>	Title V Annual Compliance Certification	Permit Condition(s): Condition 6.1	Description: Routine ACC Submittal
--	--	--	--

A. <input checked="" type="checkbox"/>	Title V Annual Compliance Certification	Permit Condition(s): Condition 6.1	Description: Revised ACC Submittal
--	--	--	--

- B. Title V Semi-annual Monitoring Report: Check box if applicable. Cite the specific **Permit Condition** from the Title V permit (Example: Condition 5.2). Common populations for the **Description** box may include:

B. <input checked="" type="checkbox"/>	Title V Semi-annual Monitoring Report	Permit Condition(s): Condition 5.1.1	Description: Routine Semi-annual Monitoring Report submittal
--	--	--	--

B. <input checked="" type="checkbox"/>	Title V Semi-annual Monitoring Report	Permit Condition(s): Condition 5.1.1	Description: Revised Semi-annual Monitoring Report submittal
--	--	--	--

- C. NSPS Requirement: Check box if applicable. Under **Regulation** cite the applicable subpart. Under **Section(s)** cite the specific regulation designation. Under **Description** identify the report.

C. <input checked="" type="checkbox"/>	NSPS Requirement (40CFR60)	Regulation: Subpart GG	Section(s): 60.335(c)	Description: Initial Compliance Test Report
--	-----------------------------------	----------------------------------	---------------------------------	---

C. <input checked="" type="checkbox"/>	NSPS Requirement (40CFR60)	Regulation: Subpart KKK	Section(s): 60.636	Description: Semi-annual leak detection report
--	-----------------------------------	-----------------------------------	------------------------------	--

D. MACT Requirement: Check box if applicable. Under **Regulation** cite the applicable subpart. Under **Section(s)** cite the specific regulation designation. Under **Description** identify the report.

D. <input checked="" type="checkbox"/>	MACT Requirement (40CFR63)	Regulation: Subpart G	Section(s): 63.123	Description: Requested Storage Vessel Records
--	-----------------------------------	---------------------------------	------------------------------	---

D. <input checked="" type="checkbox"/>	MACT Requirement (40CFR63)	Regulation: Subpart DDDDD	Section(s): 63.7520	Description: Annual Performance Test Report
--	-----------------------------------	-------------------------------------	-------------------------------	---

E. NMAC or NESHAP Requirement: Check box if applicable. Under **Regulation** cite the applicable subpart. Under **Section(s)** cite the specific regulation designation. Under **Description** identify the report.

E. <input checked="" type="checkbox"/>	NMAC Requirement (20.2.xx) or NESHAP Requirement(40CFR61)	Regulation: NMAC 20.2.36	Section(s): 113	Description: Quarterly Sulfur report
--	--	------------------------------------	---------------------------	--

E. <input checked="" type="checkbox"/>	NMAC Requirement (20.2.xx) or NESHAP Requirement(40CFR61)	Regulation: NMAC 20.2.35	Section(s): 112	Description: Quarterly Sulfur report
--	--	------------------------------------	---------------------------	--

E. <input checked="" type="checkbox"/>	NMAC Requirement (20.2.xx) or NESHAP Requirement(40CFR61)	Regulation: NESHAP Subpart I	Section(s): 61.104	Description: Annual Report
--	--	--	------------------------------	--------------------------------------

F. Permit Requirement: Check box if applicable. Check the applicable designation of **Permit No.** or **NOI No.** and cite the **Condition** being reported. Under **Description** identify the report.

F. <input checked="" type="checkbox"/>	Permit or Notice of Intent (NOI) Requirement	Permit No. <input checked="" type="checkbox"/> NOI No. <input type="checkbox"/> GCP-3-*	Condition(s): IV.C.1(g)	Description: 15-day actual start up notification
--	---	--	-----------------------------------	--

F. <input checked="" type="checkbox"/>	Permit or Notice of Intent (NOI) Requirement	Permit No. <input checked="" type="checkbox"/> NOI No. <input type="checkbox"/> GCP-2-*	Condition(s): IV.D.6	Description: Initial Compliance Test protocol
--	---	--	--------------------------------	---

F. <input checked="" type="checkbox"/>	Permit or Notice of Intent (NOI) Requirement	Permit No. <input checked="" type="checkbox"/> NOI No. <input type="checkbox"/> NSR-*	Condition(s): 5.e	Description: 30-day notification of Operating Option 2
--	---	--	-----------------------------	--

F. <input checked="" type="checkbox"/>	Permit or Notice of Intent (NOI) Requirement	Permit No. <input type="checkbox"/> NOI No. <input checked="" type="checkbox"/> NOI-*	Condition(s): 2	Description: Cummins Engine swap notification
--	---	--	---------------------------	---

F. <input checked="" type="checkbox"/>	Permit or Notice of Intent (NOI) Requirement	Permit No. <input checked="" type="checkbox"/> NOI No. <input type="checkbox"/> Title V P*	Condition(s): 5.4	Description: Protocol to test compressor G-30
--	---	---	-----------------------------	---

* Each GCP/NSR/NOI/TV Permit issued has a unique designation for the regulated facility. Please provide that information in place of the asterisk.

G. Notice of Violation or Settlement Agreement or Compliance Order Requirement: Check the applicable **Enforcement Action** and cite the **Document and Section** being reported. Under **Description** identify the report.

G. <input checked="" type="checkbox"/>	Requirement of an Enforcement Action	NOV No. <input checked="" type="checkbox"/> SFO No. <input type="checkbox"/> CD No. <input type="checkbox"/> Other. <input type="checkbox"/> NOV AQB-001-0801	Section: Corrective Actions	Description: Corrective Actions for violations 1 through 5
--	---	---	---------------------------------------	--

Section III – Periodic Emissions Test Notifications, Test Protocols and Test Reports (if applicable)

Section III is only checked for testing events. Such events include, but are not limited to: Initial compliance testing protocols and reports, Relative accuracy test audits (RATA’s) protocols and reports, opacity protocols and reports, and portable analyzer testing.

In order to use Section III one box from Section II must be checked. Section II will identify the requirement for the Test Report, Test Protocol, or Periodic Emissions Test Notification.

If submitting a Test Report, Test Protocol, or Periodic Emissions Test Notification, mark checkbox **T**.

SECTION III – PERIODIC EMISSIONS TEST NOTIFICATIONS, TEST PROTOCOLS AND TEST REPORTS (if applicable)					
T. <input type="checkbox"/>	A. Test Report <input type="checkbox"/> CMT: _____	B. Test Protocol <input type="checkbox"/>	C. Notification <input type="checkbox"/> CMT: _____		Description: (Emission Units to be Tested)
	D. Initial Compliance Test (EPA Methods) <input type="checkbox"/>	E. Periodic Test (EPA Methods) <input type="checkbox"/>	F. RATA Test <input type="checkbox"/>	G. Opacity Test <input type="checkbox"/>	

Check **one box** of the following boxes for a Test Report, Test Protocol, or Periodic Emissions Test Notification. The CMT is a number provided by the Air Quality Bureau via e-mail in response to all testing submittals. For test reports reference the CMT number associated with the test protocol. For portable analyzer testing the CMT number will be assigned with the first test of the calendar year. Thus when submitting the initial notification for a given calendar year or a test protocol the CMT will not be applicable.

SECTION III – PERIODIC EMISSIONS TEST NOTIFICATIONS, TEST PROTOCOLS AND TEST REPORTS (if applicable)					
T. <input type="checkbox"/>	A. Test Report <input type="checkbox"/> CMT: _____	B. Test Protocol <input type="checkbox"/>	C. Notification <input type="checkbox"/> CMT: _____		Description: (Emission Units to be Tested)
	D. Initial Compliance Test (EPA Methods) <input type="checkbox"/>	E. Periodic Test (EPA Methods) <input type="checkbox"/>	F. RATA Test <input type="checkbox"/>	G. Opacity Test <input type="checkbox"/>	

Check **one box** for the type of test being conducted.

SECTION III – PERIODIC EMISSIONS TEST NOTIFICATIONS, TEST PROTOCOLS AND TEST REPORTS (if applicable)					
T. <input type="checkbox"/>	A. Test Report <input type="checkbox"/> CMT: _____	B. Test Protocol <input type="checkbox"/>	C. Notification <input type="checkbox"/> CMT: _____		Description: (Emission Units to be Tested)
	D. Initial Compliance Test (EPA Methods) <input type="checkbox"/>	E. Periodic Test (EPA Methods) <input type="checkbox"/>	F. RATA Test <input type="checkbox"/>	G. Opacity Test <input type="checkbox"/>	

Give a brief description of the Units to be tested.

SECTION III – PERIODIC EMISSIONS TEST NOTIFICATIONS, TEST PROTOCOLS AND TEST REPORTS (if applicable)					
T. <input type="checkbox"/>	A. Test Report <input type="checkbox"/> CMT: _____	B. Test Protocol <input type="checkbox"/>	C. Notification <input type="checkbox"/> CMT: _____		Description: (Emission Units to be Tested)
	D. Initial Compliance Test (EPA Methods) <input type="checkbox"/>	E. Periodic Test (EPA Methods) <input type="checkbox"/>	F. RATA Test <input type="checkbox"/>	G. Opacity Test <input type="checkbox"/>	

NOTE:

- **If BOX D, E or H is marked, the Description must include the UNIT numbers as they appear in your current permit.**
- **If BOX F is marked, the Description must include the monitoring system (CEMS, COMS, CERMS) and the associated pollutant to be tested.**
- **If BOX G is marked, the Description must identify the UNIT (Crusher, Screen, Asphalt Plant) to be tested and the associated UNIT number from your current permit, if applicable.**

Section IV – Certification

For all **Title V Submittals per 20.2.70.300.E NMAC**: Certification: Any document, including any application form, report, or compliance certification, submitted pursuant to this Part shall contain certification by a responsible official of truth, accuracy, and completeness. This certification and any other certification required under this Part shall state that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

For all non-Title V submittals: The Department requires a reporting official signature, title, and date.

For all submittals be sure to check the YES or NO box for the **Responsible Official for Title V**.

For Annual Compliance Certification (ACC) submittals, the reporting submittal form is not an EPA Region 6 approved form. ACC submittals to Region 6 must be sent under a separate cover.