

NMED - AIR QUALITY BUREAU
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Initial Notification of MACT Applicability

Company Name:			
Company Address:			
Company Phone:			
Company Fax:			
Source Address (physical location):			
Relevant Standard:			
Compliance Date:			
Existing Construction/Operating Permit Numbers (optional):			
Source Description: (i.e. nature, size, method of operation, design, operating design capacity, etc.)			
Major or Area Source:	<input type="checkbox"/>	Major Source	<input type="checkbox"/>
			Area Source
Major Sources Planning to be Area Sources by June 17, 2000 Only.			
Provide a brief description of a schedule for the action(s) planned to achieve area source status:			

Completed by: _____

Date: _____

