

Mail Application To: New Mexico Environment Department Air Quality Bureau New Source Review Unit 1301 Siler Road, Building B Santa Fe, NM 87507-3113 Phone (505) 476-4300 www.nmenv.state.nm.us/aqb		For Department use only: AIRS #: _____ AI #: _____
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NSR Equipment Substitution Form

Use this form to substitute equipment for 20.2.72 NMAC permits only, and only as authorized by your permit. Not for use for General Construction Permits (GCPs), which should use the Substituting & Reporting Additional Equipment Form (GCP-2, 3, & 5). This form will be processed as a 20.2.72.219.A NMAC administrative revision.

Acknowledgements: I acknowledge that each piece of equipment requested in Table II must be authorized by the current permit.

Part I – General Information

I-A: Company Information			AI # (if known):	Permit #:
1	Company name:		Date:	
2	Facility name:			
3	Company mailing address:			
4	Company contact person:		Title:	
5	Phone No:	Fax No:	E-mail:	
6	Preparer/Consultant name (if different from above): Address:			
7	Preparer/Consultant phone:		E-mail:	

I-B: Current Facility Status

1	Is this equipment substitution authorized by your 20.2.72 NMAC permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Condition No.:
2	The 20.2.72 NMAC construction permit number for this facility is:		
3	Does this facility have a Title V operating permit (20.2.70 NMAC)? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, the permit No. is: P-
4	Is this a PSD major source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure.	Is this a Title V major source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
a	Is this a major modification under the PSD rules (20.2.74 NMAC)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
5	If <i>Yes</i> or <i>Unsure</i> to any of the answers to questions No. 3 & 5, contact the AQB to see if a pre-application meeting is required.		

Part II –Production and Control Equipment

Table II: Regulated Equipment List: Unit numbering must correspond with the permit unit numbering. All regulated equipment at this facility shall be listed here regardless whether it is remaining, being retired, or being replaced. All equipment listed must be authorized by the current permit. Duplicate this page as necessary.

Permitted Equipment List						New Equipment List				
Required: <input type="checkbox"/> All the equipment listed below is authorized by the permit.						Required: <input type="checkbox"/> All the replacement equipment listed below meets the replacement requirements of the permit. "Unchanged" equipment in this New Equipment List does not need Manufacturer, Model, and Capacity info.				
Unit # (from permit)	Description	Manufacturer	Model No.	Capacity (Specify Units ¹)	For Each Piece of Equipment, Check One	Description	Manufacturer	Model No.	Capacity (Specify Units ¹)	For Each Piece of Equipment, Check One
					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Replaced <input type="checkbox"/> To be Retired					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> Replacing the same unit number listed at left.
					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Replaced <input type="checkbox"/> To be Retired					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> Replacing the same unit number listed at left.
					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Replaced <input type="checkbox"/> To be Retired					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> Replacing the same unit number listed at left.
					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Replaced <input type="checkbox"/> To be Retired					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> Replacing the same unit number listed at left.
					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Replaced <input type="checkbox"/> To be Retired					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> Replacing the same unit number listed at left.
					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Replaced <input type="checkbox"/> To be Retired					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> Replacing the same unit number listed at left.
					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Replaced <input type="checkbox"/> To be Retired					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> Replacing the same unit number listed at left.
					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Replaced <input type="checkbox"/> To be Retired					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> Replacing the same unit number listed at left.
					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Replaced <input type="checkbox"/> To be Retired					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> Replacing the same unit number listed at left.
					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Replaced <input type="checkbox"/> To be Retired					<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> Replacing the same unit number listed at left.

¹ To properly account for power conversion efficiencies, generator set rated capacity shall be reported as the rated capacity of the engine in horsepower, not the kilowatt capacity of the generator set.

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

_____.

Signature

Date

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 _____, _____.

Notary's Signature

Date

Notary's Printed Name