|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NMED USE ONLY | |  | NMED USE ONLY | |
| TEMPO |  | **reporting submittal form** | Staff |  |
| Admin |  |
|  | | |  |  |
| **PLEASE NOTE: ® - Indicates required field** | | |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION I - GENERAL COMPANY AND FACILITY INFORMATION | | | | | | | | | | | | | | | | | |
| A. ® Company Name: | | | | | | | | | | | D. ® Facility Name: | | | | | | |
|  | | | | | | | | | | |  | | | | | | |
| B.1 ® Company Address: | | | | | | | | | | | E.1 ® Facility Address: | | | | | | |
|  | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | |  | | | | | | |
| B.2 ® City: | | | | | | B.3 ® State: | B.4 ® Zip: | | | | E.2 ® City: | | | | E.3 ® State: | | E.4 ® Zip: |
|  | | | | | |  |  | | | |  | | | |  | |  |
| C.1 ® Company Environmental Contact: | | | | | | C.2 ® Title: | | | | | F.1 ® Facility Contact: | | | | F.2 ® Title: | | |
|  | | | | | |  | | | | |  | | | |  | | |
| C.3 ® Phone Number: | | | | | | C.4 ® Fax Number: | | | | | F.3 ® Phone Number: | | | | F.4 ® Fax Number: | | |
|  | | | | | |  | | | | |  | | | |  | | |
| C.5 ® Email Address: | | | | | | | | | | | F.5 ® Email Address: | | | | | | |
|  | | | | | | | | | | |  | | | | | | |
| G. Responsible Official: (Title V only): | | | | | H. Title: | | | | | | I. Phone Number: | | | | J. Fax Number: | | |
|  | | | | |  | | | | | |  | | | |  | | |
| K. ® AI Number: | | L. Title V Permit Number: | | | | | | M. Title V Permit Issue Date: | | | | N. NSR Permit Number: | | | | O. NSR Permit Issue Date: | |
|  | |  | | | | | |  | | | |  | | | |  | |
| P. Reporting Period: | | | | | | | | |  |  | | |  |  | | | |
| From: |  | | To: |  | | | | |  |  | | |  |  | | | |

Do NOT submit NSPS OOOO or OOOOa well completion or flowback notifications to the Air Quality Bureau. See <https://www.env.nm.gov/air-quality/notices-and-faqs-for-compliance-and-enforcement/> for explanation.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION II – TYPE OF SUBMITTAL (check one that applies) | | | | | | | | |
| A. |  | Title V Annual Compliance Certification | Permit Condition(s): | | | | Description: | |
|  |  |  |  | | | |  | |
| B. |  | Title V Semi-Annual Monitoring Report | Permit Condition(s): | | | | Description: | |
|  |  |  |  | | | |  | |
| C. |  | NSPS Requirement (40CFR60) | Regulation: | | | | Section(s): | Description: |
|  |  |  |  | | | |  |  |
| D. |  | MACT Requirement (40CFR63) | Regulation: | | | | Section(s): | Description: |
|  |  |  |  | | | |  |  |
| E. |  | NMAC Requirement (20.2.xx) or NESHAP Requirement (40CFR61) | Regulation: | | | | Section(s): | Description: |
|  |  |  |  | | | |  |  |
| F. |  | Permit or Notice of Intent (NOI) Requirement | Permit No.: or | | | NOI No.: | Condition(s): | Description: |
|  |  |  |  | | | |  |  |
| G. |  | Requirement of an Enforcement Action | NOV No. : | or SFO No. : | | | Section(s): | Description: |
|  |  |  | or CD No. : | | or Other : | |  |  |
|  |  |  |  | | | |  |  |

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| SECTION III - CERTIFICATION | | | | | | |
| After reasonable inquiry, I |  | | certify that the information in this submittal is true, accurate and complete. | | | |
|  | (Name of Certifier) | |  | | | |
| ® Signature of Certifier: | | ® Title: | | ® Date | ® Responsible Official for Title V? | |
|  | |  | |  | Yes | No |