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

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| 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.

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| 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 |