I hereby certify that the info	ormation above is true and comp	lete to the best of my	knowledge and belief. I further certify	
grade tank has been/will be constructed or closed according to NMOCD guidelines, a general permit X or an (attached) alternative OCD-approved plan				
SIGNATURE TO	hu Mest	TITLE	Sr. Regulatory Specialist	DATE 6/15/2005
Type or print name	Patsy Clugston	E-mail address:	pclugston@br-inc.com Telephor	ne No. 505-326-9518
For State Use Only	/ / / / .	4.4 -	•	JUN 2 1 20
APPPROVED BY	XXXX	TITLE	puty on & Gas inspector, dist.	DATE DATE
Conditions of Approval	if any).			