



PROTOCOL SUBMITTAL FORM (Rev. 2010a)

DIVISION OF AIR QUALITY

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Purpose: The goals of the Protocol Submittal Form are to initiate communication between representatives of the permitted facility, the testing consultants, and the DAQ as well as to identify and resolve any specific testing concerns prior to testing.

Instructions: **Use Guidance Document to fill out this form. Submit all forms and additional information to the DAQ Regional Supervisor at least 45 days prior to testing.** Complete one form for each sampling location. If this form does not supply sufficient space to completely answer all questions or if additional relevant information is necessary, **attach** additional documentation and/or information to the original form. Questions and/or comments should be directed to the appropriate Regional Supervisor.

This form and its Guidance Document are available from the DAQ website (<http://daq.state.nc.us/enf/sourcetest/>)

Specify Appropriate Regional Office: (check one)

Asheville Fayetteville Mooresville Raleigh Washington Wilmington Winston-Salem

Facility Name:

Testing Company:

Facility ID No:

Facility Contact Person / mailing address & email:

Testing Company Contact Person / mailing address & email:

Email Address:

Email Address:

Phone:

Fax:

Phone:

Fax:

Mobile No.:

Mobile No.:

Air Permit Number & Revision:

Permitted Source Name and ID No.:

Permitted Maximum Process Rate:

Maximum Normal Operation Process Rate:

Target Process Rate for Testing:

1.1) What is the specific purpose for the proposed testing? (permit condition, NSPS, NESHAP, etc, see guidance doc):

Is this an initial performance test? Yes or No

1.2) List all state and federal regulations that apply to the proposed testing (see guidance doc):

1.3) Will the test results be used for other regulatory purposes (e.g., emission inventories, permit application, etc.) beyond that stated above?
 Yes or No If yes, explain.

1.4) How will production/process & control device data be documented during testing (list specific control equipment, process parameters, instrumentation that will be used, frequency of data collection, collected by computer/manually, etc.)? **TEST WILL NOT BE ACCEPTED WITHOUT APPROPRIATE PRODUCTION/PROCESS & CONTROL DEVICE OPERATION DATA.**

1.5) Provide a brief description of the source (including control equipment) and **attach** source or process flow diagram from source through stack exit:

1.6) Provide a brief description of the sampling location, **attach** schematic of sampling location, and indicate whether concurrent testing will be conducted at other sampling locations (Approval of protocol without this data will not exempt you from Method 1 criteria):



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2.1) Provide the following information for each test parameter.					
Target Pollutant	Proposed Test Method	Number of Test Runs	Test Run Duration	# of Sampling Points	Comments

2.2) Will all testing be conducted in strict accordance with the applicable test methods? If answer is no, attach complete documentation of all modifications and/or deviations to the applicable test methods.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.3) Does the proposed sampling location meet the minimum EPA Method 1 criteria for acceptable measurement sites? Attach supporting documentation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.4) Has cyclonic flow been documented at this source (EPA Method 1 Section 11.4)? ABSENCE OF CYCLONIC FLOW MUST BE VERIFIED DURING CURRENT TESTING.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.5) Will the oxygen concentration be determined by <input type="checkbox"/> EPA Method 3 via Orsat or <input type="checkbox"/> strict EPA Method 3A (specify) If answer is no, see Question 2.2 above. (Fyrites are <u>NOT</u> allowed per 15A NCAC 2D .2606)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.6) Do any of the proposed test methods require analysis of EPA audit samples? If yes, notify Regional Office a minimum of 45 days prior to testing to allow for audit sample preparation and shipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.7) Has all testing equipment been calibrated within the past year? If answer is no, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.8a) Have all calibration gases been certified by EPA Protocol 1 procedures? (Answer only as applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.8b) Is a dilution system (via EPA Method 205) proposed? (Answer only as applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.8c) Attach a summary of expected calibration gas concentrations for all proposed instrumental test methods.		
2.9) What is proposed test schedule? DAO Regional Supervisor must be notified a minimum of 15 days prior to the actual test date(s) THIS FORM DOES NOT CONSTITUTE 15 DAY REGIONAL OFFICE NOTIFICATION		
Additional Comments:		

Signatures: Representatives from the permitted facility and the contracted testing company **must provide signatures** below certifying that the information provided on this form and any attached information is accurate and complete.

<p align="center">_____ / _____ Permitted Facility Representative Date</p> <p>Name:</p> <p>Title:</p> <p>Company:</p>	<p align="center">_____ / _____ Testing Company Representative Date</p> <p>Name:</p> <p>Title:</p> <p>Company:</p>
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