

Compliance Test Protocol
Indiana Department of Environmental Management
Office of Air Quality/Compliance Data Section
100 North Senate Avenue, Post Office Box 6015
Indianapolis, IN 46206-6015
Phone: 317/232-8338 Fax: 317/233-6865

Date Prepared: _____ **Proposed Test Date:** _____ **Plant Address:** _____ **Plant Location:** _____

1. SOURCE INFO: ID/Permit No.: _____
Company: _____
Mail Address: _____
City, State, Zip: _____
Contact: _____ **Phone:** _____

5. Select Applicable Program:
Title V **FESOP**
SSOA **MSOP**
Other _____

AGENCY USE ONLY:
Date Received: _____
Inspector: _____ **Approval Date:** _____
Reviewer: _____ **Comments:** _____

2. TEST COMPANY INFORMATION
Name: _____
Address: _____
City, State, Zip: _____
Contact: _____ **Phone:** _____

6. SAMPLE SITE LOCATION

3. PROCESS INFORMATION (Submit a Separate Form for Each Unit)
Unit to Test: _____
Max. Rated Capacity: _____
Proposed Operating Speed: _____

3a. Describe Method Used to Determine Operating Level:

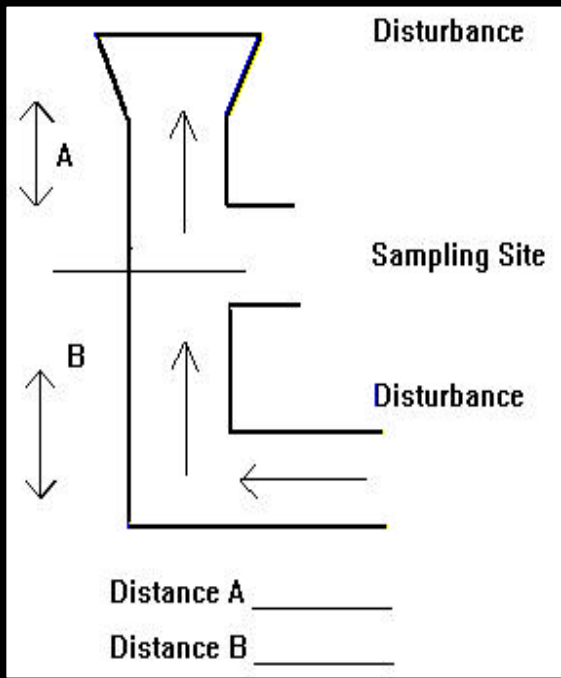
Pollution Control Equipment: _____

3b. Process Description:

Fuel Type: _____

| 4. TEST INFORMATION | | | | | No. Runs | Time |
|---------------------|------|----|----|----|----------|------|
| Method 1-4 | | | | | | |
| Method 5 | 5A | 5B | 5D | 5E | 5I | |
| Method 6 | 6A | 6B | 6C | | | |
| Method 7 | 7A | 7B | 7C | 7D | 7E | |
| Method 9 | | | | | | |
| Method 201 | 201A | | | | | |
| Method 202 | | | | | | |
| Other: | | | | | | |

4a. Describe Any Deviations from Standard Test Method:



No. of Method 5 Sample Points: _____
Diameter at Sample Site: _____
Stack Height: _____
Approximate Stack Gas Flow (ACFM): _____
Approximate Stack Gas Temp (deg. F): _____
Approximate Stack Gas Moisture (%): _____
Does sample port location meet 40 CFR 60, Appx. A, Method 1, Sec. 1.2 Requirements: **Yes** **No**
If No, explain:

326 IAC 3-6-2(a) requires this completed form to be submitted 35 days prior to the proposed test date to the above address. 326 IAC 2-1.1-7(6)(B) requires any applicable test fee to be submitted with the protocol. (FEE NOT APPLICABLE IF PROGRAM IS FESOP, TITLE V OR VE TESTING ONLY.)

7. REASON FOR TEST

Operating Permit: **Yes** **No**
Construction Permit: **Yes** **No**
If yes, Unit Start Up Date: _____
State Agreed Order No.: _____
Title V: **Yes** **No**
Compliance with 326 IAC NSPS 40 CFR 60 Subpart _____: **Yes** **No**
Other (EPA, CD, State, 114): _____