PROTOCOL SUBMITTAL FORM (Rev. 2016)

DIVISION OF AIR QUALITY

Purpose: The goals of the Protocol Submittal Form are to initiate communication between representatives of the permitted facility, the testing consultant, 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 at deq.nc.gov/about/divisions/air-quality/air-quality-enforcement/emission-measurement.

Specify Appropriate Regional Office: (check one)

☐ Asheville ☐ Fayetteville ☐ Mooresville ☐ Raleigh ☐ Washington ☐ Wilmington ☐ Winston-Salem

Facility ID No: Facility Name:	Test Company Name:
Facility Contact Person / mailing address & email: Email Address:	Testing Company Contact Person / mailing address & email: Email Address:
Phone: Mobile No.: Fax:	Phone: Mobile No.: Fax:
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.)

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 "No", **attach** complete documentation of all proposed modifications and/or deviations to the applicable test methods.	☐ Yes	☐ No
2.3) Does the proposed sampling location meet the minimum EPA Method 1 criteria for acceptable measurement sites? **Attach** supporting documentation.	☐ Yes	☐ No
2.4) Will you conduct a "verification of absence of cyclonic flow" (EPA Method 1 Section 11.4)? **Absence of cyclonic flow must be documented during this testing.**	☐ Yes	☐ No
2.5) Will oxygen concentration be determined by ☐ EPA Method 3 via Orsat or ☐ strict EPA Method 3A? (Specify) If "No", recheck line item 2.2 above. (Fyrites are NOT allowed according to 15A NCAC 2D .2606).	☐ Yes	☐ No
2.6) Is an audit sample from an Accredited Provider available for the proposed test method(s)? (Additional information available at deq.nc.gov/about/divisions/air-quality/air-quality-enforcement/emission-measurement/stationary-source-test-audit-information)	☐ Yes	☐ No
2.7) Has all testing equipment been calibrated within the past year? If "No", explain.	☐ Yes	☐ No
2.8a) Have all calibration gases been certified by EPA Protocol 1 procedures? (Answer only as applicable.)	☐ Yes	☐ No
2.8b) Is a dilution system (EPA Method 205) proposed? (Answer only as applicable.)	☐ Yes	☐ No
2.8c) **Attach** a summary of expected calibration gas concentrations for all proposed instrumental test methods.		

2.9) What is proposed test schedule? **DAQ 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.

_____ / _____ Permitted Facility Representative / Date	_____ / _____ Testing Company Representative / Date
Name:	Name:
Title:	Title:
Company:	Company: