



PROTOCOL SUBMITTAL FORM – OPACITY

DIVISION OF AIR QUALITY

Purpose: The primary 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: **Submit all forms and additional information to the DAO Regional Supervisor at least 45 days prior to testing.** Please type or print clearly. **This form applies to EPA Method 9 visible emissions evaluations only.** 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.

Specify Appropriate Regional Office: (check one)

Asheville
 Fayetteville
 Mooresville
 Raleigh
 Washington
 Wilmington
 Winston-Salem

<i>Facility Name:</i>		<i>Testing Company:</i>	
<i>Facility Address/City/County:</i>		<i>Testing Company Address:</i>	
<i>Contact Person:</i>		<i>Contact Person:</i>	
<i>Phone:</i>	<i>Fax:</i>	<i>Phone:</i>	<i>Fax:</i>
<i>Air Permit Number:</i>		<i>Permitted Source Name and ID No.: See Section 2.1</i>	
<i>Permitted Maximum Process Rate:</i>		<i>Maximum Normal Operation Process Rate:</i>	<i>Target Process Rate for Testing:</i>

1.1) List all state and federal regulations that apply to the proposed testing:

1.2) **Will all testing be conducted in strict accordance with the applicable test methods? If answer is no, please attach complete documentation of all modifications and/or deviations to the applicable test methods.** Yes No

1.3) **Please specify if any VE observations will be performed concurrently (DAQ advises no more than 2):** Yes No

1.4) **What is the proposed test schedule? The DAO Regional Supervisor must be notified at least 30 days prior to the actual test date(s)**

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.

<i>Permitted Facility Representative</i> <i>Date</i>	<i>Testing Company Representative</i> <i>Date</i>
<i>Name:</i>	<i>Name:</i>
<i>Title:</i>	<i>Title:</i>
<i>Company:</i>	<i>Company:</i>

