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| NMED USE ONLY | |  | NMED USE ONLY | |
| DTS |  | **UNIVERSAL stack test**  **NOTIFICATION, PROTOCOL AND REPORT FORM** | Staff |  |
| TEMPO |  | Admin |  |
|  | | |  |  |
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**Submit to: Stacktest.aqb@state.nm.us**

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| I. DATABASE HEADER INFORMATION (drop down menus in bold) | | | | | | | |
| a. AI# |  | | | | |  | |
| d. Company Name: | | | | e. Facility Name: | | | |
|  | | | |  | | | |
| f. Emission Unit Numbers: | | | g. Emission Unit Description (boiler, Waukesha 7042, etc) | | | | |
| h. Reports - Tracking Number from notification response: | | CMT | | | i. Proposed Test Date: | | j. Actual test date: |
|  | |  | | |  | |  |
| 1. Reason for test (name permit requirement, NSPS, MACT, consent decree, etc. Indicate here is this notification is a revised test date only) | | | | | | | |

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| II. GENERAL COMPANY AND FACILITY INFORMATION | | | | | | |
| a.Company Address: | | | k.. Facility Address: | | | |
|  | | |  | | | |
| b. City: | c. State: | d. Zip: | l. City: | m. State: | n. Zip: |
|  |  |  |  |  |  |
| e. Environmental Contact: | f. Title: | | o. Facility Contact: | p. Title: | | |
|  |  | |  |  | | |
| g. Phone Number: | h. Cell Number: | | q. Phone Number: | r. Cell Number: | | |
|  |  | |  |  | | |
| i. Email Address: | | | s. Email Address: | | | |
|  | | |  | | | |
| j. Title V Permit Number: | | | t. NSR Permit Number: | | | |
|  | | |  | | | |
| u. Detailed driving directions from nearest New Mexico town: | | | | | |

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| III. TESTING FIRM | | | | |
| a. Company: | | | g. Contact: | |
| b. Address 1: | | | h. Title: | |
| c. Address 2: | | | i. Office Phone: | j. Cell Phone: |
| d. City: | e. State: | f. Zip: | k. Email Address: | |

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| IV. EMISSION UNIT | | | | STACK PARAMETERS | |
| a. Emission Unit Number: | | b. Make & Model Number | | m. Velocity (ft/sec): |  |
| n. Temperature (ºC): |  |
| c. Serial Number: | | d. Permitted Capacity: | | o. Stack Diameter, D (in.): |  |
| p. Distance to Stack Bends or Obstructions: | |
| e Exceptions: Explain if test is late, rescheduled, related to an enforcement action: | | | | Upstream, Distance A (in.): |  |
| Downstream, Distance B (in.): |  |
| SAMPLE PORT  FLOW DIRECTION  PORT  EXTENSION  FLOW DISTURBANCE  FLOW  DISTURBANCE  **B**  **A**  **D**  **EXAMPLE VIEW SHOWING DISTANCES FROM SAMPLE PORT TO FLOW DISTURBANCES** | |
| g. Emission Unit Description and brief process name or description: | | | |
| h. Installation Date: | i. Startup Date: | | k. Date Reached Max. Capacity: |
| l. Control Equipment Description as listed in permit (model, ser. # etc. if applicable): | | | |
| Attach an explanation or drawing to explain any difficult or unusual stack geometry or parameters. | |

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| V. POLLUTANTS AND PROPOSED TEST METHODS | | | |
| Pollutant or Parameter: | | Proposed Test Methods (Deviations from approved methods require supporting documentation and prior authorization) | Deviation to Test Method Requested |
|  | Portable Analyzer Methods for NOx, CO, SO2 | |  |
|  | NOx | EPA Method 7E |  |
|  | CO | EPA Method 10 |  |
|  | SO2 | EPA Method 6 |  |
|  | VOCs | (Specify) |  |
|  | HAPs | (Specify) |  |
|  | PM (TSP) | EPA Method 5 |  |
|  | **PM10** | EPA Method 201 |  |
|  | **PM2.5** | (Specify) |  |
|  | **Opacity** | EPA Method 9 |  |
|  | **Visual E.** | EPA Method 22 |  |
|  | **Stack Flow** | EPA Methods 1 - 3 |  |
|  | **Moisture** | EPA Method 4 |  |
|  | **Other** | (Specify) |  |
|  | **Other** | (Specify) |  |
| List Specific VOC’s and HAP’s: | | | |

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| VI. PROPOSED TEST RUN AND TEST LOAD INFORMATION | | | | | | |
| a. Number of Test Runs: | b. Run Duration | c. Required by (regulation or permit number): | | | d. Specific Condition or Section: | |
|  |  |  | | |  | |
| PLEASE NOTE – Default run duration is 60 minutes, unless otherwise specified by an applicable regulation. | | | | | | |
| e. Expected Load: | f. Percent of Permitted Capacity: | | g. Is this an opacity test? | | | h. If yes, no. of observation pts.: |
|  |  | | Yes | No | |  |
| i. If expected load during test is less than 90% of capacity, explain: | | | | | | |
|  | | | | | | |
| NOTE – Failure to test at 90-100% of permitted load will limit unit operation to 110% of tested load until a new initial compliance test is conducted. | | | | | | |
| PLANT OR UNIT OPERATING PARAMETERS TO BE MONITORED | | | | | | | |
| j. List and explain the plant operating parameters that will be monitored and applicable permit conditions or regulatory standards. | | | | | | | |
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| VII. ADDITIONAL DETAILS (where applicable) | | |
| RATA and INSTRUMENTAL ANALYZER CALIBRATION PROCEDURES | | |
| a. Do any of the methods you are proposing utilize instrumental analyzers (i.e.; EPA Methods 3A, 6C, 7E, 10, 18, 25/25A, 320 etc.)? If yes, briefly describe analyzer calibration procedures and/or calibration standard procedures. Enter the highest pollutant concentration expected and the proposed concentrations of calibration gases. | Yes | No |
|  | | |
| SAMPLING TRAIN LEAK CHECK PROCEDURES | | |
| b. Do any of the methods you are proposing utilize the EPA Method 5 sampling train (i.e.; EPA Methods 1-4, 5, 17, 26/26A, 29, etc.)? If yes, briefly describe sampling train and pitot tube leak check procedures: | Yes | No |
|  | | |
| EPA METHOD 19 IN LIEU OF EPA METHODS 1-4 | | |
| c. Are you proposing to utilize EPA Method 19 in lieu of EPA Methods 1-4? If yes, explain why you believe this proposal is justified: | Yes | No |
|  | | |
| PLEASE NOTE – EPA Method 19 may be utilized in lieu of EPA Methods 1-4, subject to the approval of the Department. If you are proposing to utilize EPA Method 19 in lieu of EPA Methods 1-4, you MUST include a recent fuel gas heating value analysis as well as a recent fuel flow meter calibration certificate, preferably conducted on the day of the test, but no earlier than three months prior to the test date. If the analyses have been conducted prior to the test date, you MUST append the certificates to the protocol. If conducted on the day of the test, you MUST append the certificates to the final test report. | | |

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| VIII. ATTACHMENTS (as needed to support proposed test; check all that apply) | | |
| NOTIFICATION/PROTOCOL ATTACHMENTS | | |
|  | Road Map Indicating Directions from Nearest New Mexico Town to Facility | |
|  | Schematic of process being tested showing emission points, sampling sites and stack cross-section | |
|  | Copy of proposed test methods (except for those promulgated test methods found in 40 CFR 51, 60, 61 and 63) | |
|  | Fuel Heating Value Analysis | |
|  | Fuel Flow Meter Calibration Certificate | |
|  | Other: |  |
|  | Other: |  |
| **TEST REPORT ATTACHMENTS** | | |
|  | **Section 2. Tables of Results** | |
|  | **Supporting Documents (Specify)** | |
| **Retain Report Section 3 - Test Procedures, Data, Calculations, Appendices – 2 years NSR permits, 5 years TV** | | |

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| **IX. CERTIFICATION** | | |
| **This document has been prepared under my supervision and is accurate and complete to the best of my knowledge. I understand that acceptance of this protocol does not waive the requirements of any permit or regulation. I understand that any procedural errors or omissions are the sole responsibility of the permit holder.** | | |
| Signature: | Print Name and Title: | Date: |
| Responsible Official for Title V?  Yes  No (R.O signature not required for routine periodic testing) | | |