COMPLIANCE TEST PROTOCOL

State Form 55003 (5-12)
Indiana Department of Environmental Management
Office of Air Quality, Compliance Data Section

INSTRUCTIONS: Please complete this form and mail it back to: 100 N Senate Avenue, Mail Code 61-53, IGCN 1003, Indianapolis, IN 46204-2251; or fax it to: (317) 233-6865; or e-mail it to: Test_Protocol@idem.IN.gov.

RESET FORM

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

1. SOURCE INFO: **ID/Permit No.:**

Company:
Mail Address:
City, State, ZIP:
Company Contact: Telephone:

2. TEST COMPANY INFORMATION

Name:
Address:
City, State, ZIP:
Contact: Telephone:

3. PROCESS INFORMATION *(Submit a separate form for each unit to test.)*

Unit to Test:
Maximum 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		
Method 6		
Method 7		
Method 9		
Method 201/201A		
Method 202		
Other:		

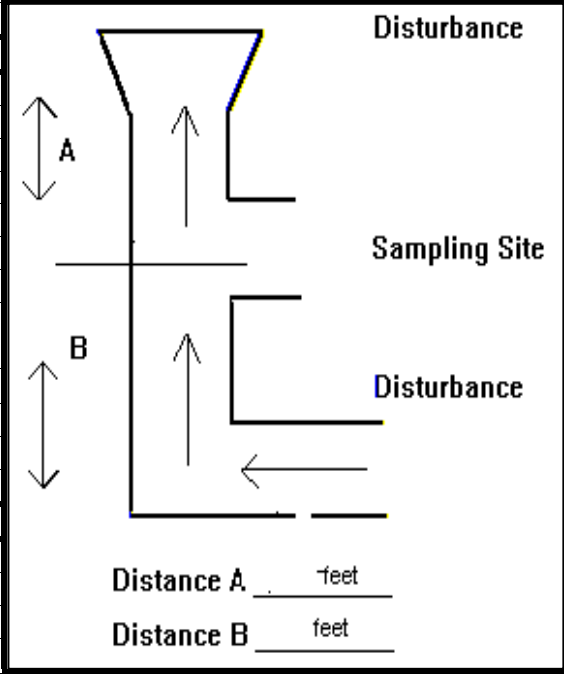
4a. Describe any deviations from standard test method:

5. Check Applicable Program:

Title V: ☐ FESOP: ☐
SSOA: ☐ MSOP: ☐
Other: ☐ Specify:

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

6. SAMPLE SITE LOCATION



No. of sample points for Method 5:	
Diameter at sample site (inches):	
Stack Height (feet):	
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:

7. REASON FOR TEST

Operating Permit:	◯Yes / No◯
Construction Permit:	◯Yes / No◯
If yes, Unit Start Up Date:	
State Agreed Order: Please include No.	
Title V:	
Compliance with 40 CFR ___ Subpart _____	◯Yes / No◯
Other (EPA, CD, State, 114):	

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.)***