

VOC AND TOXICS COMPLIANCE TEST PROTOCOL

State Form 55058 (R / 3-25)

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 Room 13W, Indianapolis, IN 46204-2251; or e-mail it to: Test_Protocol@idem.IN.gov.

| Date Prepared: Proposed Test Date: | | | Plant Address: | | | Plant Location: | |
|--|----------------------|-------|------------------------------|--------------------|---------------|---|----------|
| 1. SOURCE INFO: ID/Permit No.: | | | 5. Check Applicable Program: | | AGENCY USE | ONLY: Date Received: | |
| Company: | | | Title V: | _ FESOP: | Inspector: | Approval date: | |
| Mail Address: | | | SSOA: | | Reviewer: | Comments: | |
| City, State, ZIP: | | | Other: | | | | |
| Company Contact: | Telephone: | | | | | | |
| 2. TEST COMPANY INFORMATION | | | | | | | |
| Name: | | | | | | | |
| Address: | | | c | | CAMDLE | CITE LOCATION | |
| City, State, ZIP: | | | 6. | | SAMPLE | SITE LOCATION | |
| Contact: | Telephone: | | | | Disturbance | Does sample port location meet 40 CFR 60 | Appx. A, |
| 3. PROCESS INFORMATION (Submit a separate form | n for each unit to t | est.) |] \ | / | | Method 1, Sec. 1.2 Requirements: | Yes / No |
| Unit to Test: | | |], \ | / | | If No, explain: | |
| Maximum Rated Capacity: | | | | ∟ /\ [| | | |
| Proposed Operating Speed: | | | A | | | | |
| Describe method used to determine operating level: | | | \downarrow | | | | |
| | | | | | | Approximate Stack gas flow (ACFM): | |
| | | | | | Sampling Site | | |
| | | | | | | Approximate Stack gas moisture (%): | |
| Pollution Control Equipment: | | | | Δ | | 7. REASON FOR TEST: | |
| Process Description: | | | ⊸B | | | Operating Permit: | Yes / No |
| | | | 1 (1) | | Disturbance | Construction Permit: | Yes / No |
| | | | 4 | | _ | If yes, Unit Start Up Date: | |
| | | | 1 , | │ | _ | State Agreed Order: Please include No. | V (N- |
| List and describe organic raw materials used in proc | ess: | | - ▼ | ` | | Title V: | Yes / No |
| | | | _ | | _ | Compliance with 326 IAC NSPS 40 CFR 60 Subpart: | Yes / No |
| | | | D | istance A | | Other (EPA, CD, State, 114): | |
| Person responsible for recording Process and Contr | ol Equipment d | ata: | ١ , | · | | | |
| | | | ע ן | istance B | | | |
| Fuel Type: | | | | | | | |
| 4a. TEST INFORMATION | No. Runs | Time | | | | | |
| Method 1-4 | | | | | | 326 IAC 3-6-2(a) requires this complete | |
| Method 18 | | | 4b. | Capture Efficiency | / Testing | submitted 35 days prior to the propose the above address. 326 IAC 2-1.1-7(6)(| |
| Method 23 | | | Tes | t Information | No. Runs Time | applicable test fee to be submitted with | |
| Method 24 | | | Permanent I | Enclosure Method: | | (FEE NOT APPLICABLE IF PROGRAM | |
| Method 25 | | | Temporary E | Enclosure Method: | | V OR VE TESTING ONLY.) | |
| Other: | | | | | | | |