



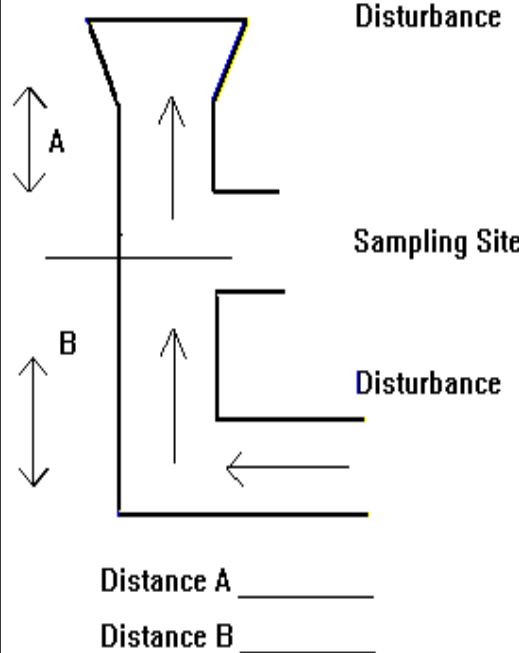
VOC AND TOXICS COMPLIANCE TEST PROTOCOL

State Form 55058 (7-12)

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.

Date Prepared:		Proposed Test Date:		Plant Address:		Plant Location:	
1. SOURCE INFO: ID/Permit No.:				5. Check Applicable Program:		AGENCY USE ONLY:	
Company:				Title V: _____ FESOP: _____		Inspector: _____	
Mail Address:				SSOA: _____ MSOP: _____		Approval date: _____	
City, State, ZIP:				Other: _____		Reviewer: _____	
Company Contact: _____ Telephone: _____						Comments: _____	
2. TEST COMPANY INFORMATION							
Name:							
Address:							
City, State, ZIP:							
Contact: _____ Telephone: _____							
3. PROCESS INFORMATION <i>(Submit a separate form for each unit to test.)</i>							
Unit to Test:							
Maximum Rated Capacity:							
Proposed Operating Speed:							
Describe method used to determine operating level:							
Pollution Control Equipment:							
Process Description:							
List and describe organic raw materials used in process:							
Person responsible for recording Process and Control Equipment data:							
Fuel Type:							
4a. TEST INFORMATION		No. Runs	Time	6. SAMPLE SITE LOCATION  Distance A _____ Distance B _____		Does sample port location meet 40 CFR 60, Appx. A, Method 1, Sec. 1.2 Requirements: Yes / No If No, explain: Approximate Stack gas flow (ACFM): _____ Approximate Stack gas temp (deg. F): _____ Approximate Stack gas moisture (%): _____	
Method 1-4							
Method 18							
Method 23							
Method 24							
Method 25							
Other:				7. REASON FOR TEST:		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.)	
				4b. Capture Efficiency Testing			
Test Information		No. Runs	Time	Permanent Enclosure Method:			
				Temporary Enclosure Method:			
				Data Quality Objective Method:			