Connecticut Department of
Energy & Environmental Protection
Bureau of Air Management
Engineering & Enforcement Division

CPPU USE ONLY
App No.:_____
Doc No.:_____
Program: AIRENF - Air Enforcement Source Emissions Group (No Form Fee)
Intent to Test No: _____

Intent to Test (ITT) Form for Compliance Emissions Testing

Please duplicate and complete Part IV – Part VII of this ITT Form for each individual piece of equipment to be tested, attach to Page 1 of this ITT Form with the Certification page. For CEMS Relative Accuracy Test Audits, please submit an "*ITT Form for CEMS Relative Accuracy Test Audit*".

If this Form is for a Non-Standard Test Protocol then please also complete Part X of this Form and attach the test protocol. *SEM will only issue a formal approval or rejection letter for Non-Standard Test Protocols*.

☐ Standard Test Protocol (STP)	☐ Non-Standard Test Protocol (NSTP)
If Non-Standard, State the Reason [1]:	

Part I: Company Information					
Company Name:					
Company Address:					
Site/Premises Name *(If Different than Above):*					
Site/Premises Street Address (Equipment Location):					
City/Town:		State:		Zip Code:	
Contact Person:		Cell Phone:			
Contact Person Title:		E-mail:			
Contact Person Business Phone:					

Part II: Emissions Test Contractor Information			
Name of Consulting or Testing Firm:			
Project Manager Name:		E-mail:	
Project Manager Phone:		Cell Phone:	
If testing pertains to MWCs (i.e. RCSA Section 22a-174-38) is Tester a QSTI certified in accordance with ASTM Method D7036?	☐ Yes ☐ No	☐ Not applicable	

1 Reference the SEM Test Guidelines v.2 Section 4 to differentiate between Standard and Non-Standard Test Protocols

Part III: Fee Information & Billing Contact Information

Pursuant to RCSA Section 22a-174-26(h) and CGS Section 22a-6f(d), a fee of $470 per day, or part thereof, shall be paid to the Commissioner for each DEEP employee conducting or observing testing activities. *The total fee due will be billed by the DEEP at the completion of the testing. Company will be billed for each DEEP employee onsite regardless of whether actual test days included any "down" days where no actual stack testing was accomplished.* ☐ Check here if exempt from the fee pursuant to CGS Section 22a-232.

Billing Contact Name (Required, if different from Company Contact):					
Billing Contact Mailing Address:		State:		Zip Code:	
Billing Contact Business Phone:		Email:			

Please duplicate and complete Part IV – Part VII of this form for each individual piece of equipment to be tested.

Part IV: Proposed Test Schedule & Test Due Date

Proposed test date & start time:		Duration (No. of days):	
Test due date:		Date last tested:	
What were the state & federal test requirements for date last tested:			
If this is an initial performance test, please complete the following:			
Initial startup date:			
Date unit reached maximum capacity:			

Part V: Equipment Information & Test Regulatory Drivers (State and Federal)

a) Equipment name or description as licensed:	
b) License number and type:	No.: ☐ NSR ☐ Enforcement Order ☐ Registration ☐ Unlicensed
c) Title V Permit or GPLPE Number (if applicable):	No. ☐ Title V ☐ GPLPE
Cite each regulatory requirement that apply to this specific test program:	
d) State regulatory requirement(s) for test program	☐ **NSR:** **for Pollutants:** ☐ **CGS Section:** **for Pollutants:** ☐ **RCSA Section:** **for Pollutants:** ☐ **No state test driver applies:**
e) Test frequency for each state regulatory requirement(s): *(e.g. Annual, 5-year, 8760 hours):*	

f) Federal regulatory requirement(s) for test program	☐ **40 CFR Part 60 Subpart** **for Pollutants:** ☐ **40 CFR Part 63 Subpart** **for Pollutants:** ☐ **Other:** **for Pollutants:** ☐ No federal test requirement at this time
g) Test frequency for each federal regulatory requirement(s): *(e.g. Annual, biennial, 8760 operational hours, 3 years):*	
h) If frequency of any test above is based on operational hours, please summarize total run hours here since the unit was last tested:	Hours As of (Date)
i) Attach records of operational hours with this ITT Form	Attachment No.
j) Licensed Maximum Rated Capacity (MRC) : *(For fuel burning sources complete the table below. For VOC process sources this is usually based on material throughput not line speed, etc.)*	Maximum Rated Capacity (by Design) Maximum Rated Capacity, Operational (if different than above)
k) For Fuel Burning Sources Complete the following table	

Fuels Listed in License or Enforcement Order	Fuels Unit is Physically Capable of Burning	MRC	Units (MMBTU/hr, CFH, GPH)

l) Will equipment be operated at the required greater than or equal to 90% of MRC? [2] *If "No", explain and submit a Non-Standard Test Protocol if needed*	☐ Yes ☐ No, Please fill out the Attachments as a Non-Standard Test Protocol *unless an alternative load is otherwise allowed pursuant to the RCSA (e.g. RCSA Section 22a-174-22e)*
m) Has the facility scheduled production such that the equipment to be tested can be operated at the permitted or registered maximum capacity?	☐ Yes ☐ No (Consider postponing test date until maximum throughput can be achieved but be mindful of the test deadline.)
n) Has any maintenance or parts replacement been performed on the equipment or the control unit which would affect emissions within the past year? If yes, briefly describe: *(Please refer to Section 8.B Representative Conditions of SEM Guidelines)*	
o) Describe Air Pollution Control Equipment and Operational Requirements:	

2 *Certain sources such as VOC lines or engines equipped with a CO catalyst may test at alternative loads but must include 90% of MRC as well.*

Part VI: ITT Information	
a) Specify how the operating load/capacity will be monitored & recorded during testing *(e.g. fuel flow meter, line feed rate, sludge feed rate, etc.) Note: Fuel burning sources will be required to demonstrate capacity using maximum gross heat input in MMBTU/hr. which shall be determined by fuel consumption rate in cubic feet/hr. or gal/hr. For MWCs, maximum capacity shall be determined via steam load*	
b) How will emissions rates be calculated for fuel burning sources (check all that apply):	☐ F-Factor ☐ Ultimate Fuel Analysis ☐ Other ☐ Volumetric Flow rate Measurements at the emissions points
c) List control equipment parameters which will be recorded & verified during testing:	
d) Does sample port location meet 40 CFR Part 60 Appendix A, Method 1 Requirements? If No, explain and outline what alternate means or methods will be used	

Part VII: ITT & Gas Stream Sampling Information

Duplicate this page as needed for *each* piece of equipment tested and attach to Form. For a pollutant that has multiple emissions limits, use a separate row for each unit. Compliance must be demonstrated with each applicable emissions limit in each respective units.

Part VII: ITT & Gas Stream Sampling Information							
ITT No.:		Equipment Name:		License No.:		Equipment No.:	
Pollutants, Diluents, Flow, Moisture, etc. to be Tested	Test Method	Number of Sampling Points	Sampling Duration: Minutes per Sampling Point	Total Duration of Sampling Run	Number of Sampling Runs	Emissions Limit with Units (each limit must be included from State & Federal Requirements)	SSAS Audit Required? Date Submitted?

Part VIII: Certification

The applicant and the individual(s) responsible for preparing this ITT Form must sign this part. If the applicant is the preparer, please mark "N/A" in the spaces provided for the preparer. ITT Forms will be considered incomplete unless all required signatures are provided.

Part VIII: Certification	
"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute. I certify that this ITT Form is on complete and accurate forms as prescribed by the Commissioner without alteration of the text."	
Authorized Signature	Date
Name of Signatory (Print or Type)	Title
Signature of Test Contractor	Date
Name of Test Contractor (Print or Type)	Title

Part IX: Electronic Submission (Required) of Form and Test Report

Completed ITT Form and all supporting documents must be submitted electronically to:

DEEP.SEM@ct.gov or via the FTP site (https://sft.ct.gov).

For help with the forms, please contact DEEP.StackTestQ@ct.gov.

Attachment 1

Non-Standard Test Protocol
(ITT Form Addendum)
Complete and Submit Part X of this ITT Form

Part X: Non-Standard Test Protocol

a) Will there be any exceptions or changes made to the published methods listed above used during this test effort?	☐ Yes ☐ No	*Note: If "Yes", attach a detailed description of each test method and section being modified and attach a detailed description of proposed test modification and justification as an Attachment to Part IX of this ITT Form*
b) Will a substitute method be used in lieu of an EPA approved test method that isn't explicitly allowed for by a regulatory test driver? Caution: If "Yes" but minor as described in the left column, it must be proposed to EPA unless the federal standard has been delegated to the DEEP. Examples of federal standards not delegated to the DEEP include NESHAP Subpart ZZZZ for RICE and Subpart JJJJJJ for Boilers. DEEP may allow an alternative method for a state standard that EPA would not allow for a federal standard. Please consult with both the DEEP and EPA whenever there are questions about delegation of federal standards.	☐ Yes ☐ No	To be deemed a minor[3] change to a test method, the changes must be one that: 1. Does not affect the stringency of the emission limitation or standard (i.e., no emission limit or standard relaxation); 2. Has no national significance (e.g., the change will not affect the applicable regulation's implementation for other sources in the affected category); and 3. The minor change to the methodology produces test results equal to or greater than what would be produced utilizing the specified reference method.

Please List a brief description of each exception below and justification for such:

3 Minor change to EPA Test Methods are defined in 40 CFR Section 63.90 and the National Stack Test Guidelines.

Attachment 2

(For Non-Standard Test Protocols Only)

Refer to Section 4 of the SEM Test Guidelines Version 2.0 for Protocol Requirements