



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

Intent to Test (ITT) Form for Compliance Emissions Testing

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

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. E-mail completed ITT Forms to DEEP.SEM@ct.gov. 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.*

<input type="checkbox"/> Standard Test Protocol	<input type="checkbox"/> Non-Standard Test Protocol
If Non-Standard, State the Reason:	

Part I: Company Information					
Company Name:					
Corporation Address:					
Site/Premises Name <i>(If Different than Above):</i>					
Site/Premises Address:					
City/Town:		State:		Zip Code:	
Business Phone No.:		Cell No:			
Contact Person:		E-mail ¹ :			
Title of Contact Person:					

Part II: Emissions Test Contractor Information			
Name of Consulting or Testing Firm:			
Project Manager Name:		E-mail ¹ :	
Phone No.:		Cell No.	
If testing pertains to HWCs (i.e. RCSA Section 22a-174-38) is Tester a QSTI certified in accordance with ASTM Method D7036?	Yes	No	Not applicable

¹ By providing this e-mail address you agree to receive official correspondence from DEEP, at this electronic address, concerning the subject Form. Please check your security settings to be sure you can receive e-mails from “ct.gov” addresses. Also, please notify DEEP SEM Unit if your e-mail address changes.

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 (Required):			
Mailing Address:		State:	Zip Code:
Business Phone No.:		Email:	

Please duplicate and complete Part IV – Part VII of this application 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.	<input type="checkbox"/> NSR	<input type="checkbox"/> Enforcement Order
		<input type="checkbox"/> Registration	<input type="checkbox"/> Unlicensed
c.) Title V permit number (if applicable):			
Cite each regulatory requirement that apply to this specific test program:			
d.) State regulatory requirement(s) for test program	<input type="checkbox"/> NSR: <input type="checkbox"/> CGS Section: <input type="checkbox"/> RCSA Section: <input type="checkbox"/> 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	<input type="checkbox"/> 40 CFR Part 60 Subpart <input type="checkbox"/> 40 CFR Part 63 Subpart <input type="checkbox"/> Other: <input type="checkbox"/> No federal test driver applies:																						
g.) Test frequency for each federal regulatory requirement(s): <i>(e.g. Annual, biennial, 8760 operational hours, 3 years):</i>																							
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) : <i>(For fuel burning sources complete the table below. For VOC & process sources this is usually based on material throughput not line speed, etc.)</i>																							
k.) For Fuel Burning Sources Complete the following table																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Fuels Listed in License or Enforcement Order</th> <th style="width: 25%;">Fuels Unit is Physically Capable of Burning</th> <th style="width: 25%;">MRC</th> <th style="width: 25%;">Units (MMBTU/hr, CFH, GPH)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Fuels Listed in License or Enforcement Order	Fuels Unit is Physically Capable of Burning	MRC	Units (MMBTU/hr, CFH, GPH)																
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m.) Will equipment be operated at the required greater than or equal to 90% of MRC? If "No", explain and apply for waiver of such requirement 90-days in advance of testing	<p style="text-align: center;">Yes</p> <p style="text-align: center;">No, Please fill out the Attachments as a Non-Standard Test Protocol</p>																						
n.) Has the facility scheduled production such that the equipment to be tested can be operated at the permitted or registered maximum capacity?	<p style="text-align: center;">Yes</p> <p style="text-align: center;">No (Consider postponing test date until maximum throughput can be achieved but be mindful of the test deadline.)</p>																						
o.) Has any maintenance or parts replacement been performed on the equipment or the control unit within the past year? If yes, briefly describe: <i>(Please refer to Section 6.B Representative Conditions of SEM Guidelines)</i>																							

<p>p.) Describe Air Pollution Control Equipment and Operational Requirements:</p>	
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Part VI: ITT Information							
<p>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</p>							
<p>b.) How will emissions rates be calculated for fuel burning sources (check all that apply):</p>	<table border="0"> <tr> <td style="text-align: center;">F-Factor</td> <td style="text-align: center;">Ultimate Fuel Analysis</td> <td style="text-align: center;">Other</td> </tr> <tr> <td colspan="3" style="text-align: center;">Volumetric Flow rate Measurements at the emissions points</td> </tr> </table>	F-Factor	Ultimate Fuel Analysis	Other	Volumetric Flow rate Measurements at the emissions points		
F-Factor	Ultimate Fuel Analysis	Other					
Volumetric Flow rate Measurements at the emissions points							
<p>c.) List control equipment parameters which will be recorded & verified during testing:</p>							
<p>d.) Does sample port location meet 40 CFR Part 60 Appendix A, Method 1 Requirements? If No, explain and outline what alternate means will be used</p>							

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.

Equipment Name:

License Number:

Equipment No.:

a.) Pollutants, Diluents, Flow, Moisture, etc. to be Tested	b.) Test Method	c.) Number of Sampling Points	d.) Sampling Duration: Minutes per Sampling Point	e.) Total Duration of Sampling Run	f.) Number of Sampling Runs	g.) Emissions Limit with Units for Pollutants (each limit must be included from State & Federal Drivers)	h.) SSAS Audit Required? Date Submitted?

Part VIII: Certification

The Company *and* the test contractor responsible for preparing the ITT Form must sign this part. ITT Forms will be considered incomplete unless all required signatures are provided.

Part VIII: Certification	
<p>"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.</p> <p>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.</p> <p>I certify that this ITT Form is on complete and accurate forms as prescribed by the Commissioner without alteration of the text."</p>	
Authorized Signature	Date
Name of Signatory (Print or Type)	Date
Signature of Test Contractor	Date
Name of Test Contractor (Print or Type)	Date

Part IX: Form E-Submission

Please submit the completed form and all supporting documents by electronic mail to DEEP.SEM@ct.gov. If hard copy forms are submitted an electronic version is also required.

Attachment 1

**Non-Standard Test Protocol
(ITT Form Addendum)**

Complete and Submit Part X of this ITT

Draft

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?

Yes

 No

To be Minor, 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:

Attachment 2

(For Non-Standard Test Protocols Only)

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

Draft