

STACK TESTING PROTOCOL SUBMITTAL FORM

(REVISION: 2011-12-07)



Forsyth County
Office of Environmental Assistance and Protection
 Forsyth County Government Center
 201 N. Chestnut Street
 Winston-Salem, NC 27101-4120

Phone: (336) 703-2440 FAX: (336) 727-2777

PAGE 1 OF 2

Purpose: The primary goals of the Protocol Submittal Form are to initiate communication between representatives of the permitted facility, the testing consultants, and the Forsyth County Office of Environmental Assistance and Protection (Office) as well as to identify and resolve any specific testing concerns prior to testing.

Instructions: **Submit all forms and additional information to this Office at least 30 days prior to testing.** Please type or print clearly. **Complete one form for each sampling location.** If this form does not supply sufficient space to completely answer all questions or if additional relevant information is necessary, **attach** additional documentation and/or information to the original form. This form is available from this Office's website: <http://www.forsyth.cc/EAP/forms.aspx>.

Facility Name:		Testing Company:	
Facility Address:		Testing Company Address:	
Contact Person:		Contact Person:	
Email:	Fax:	Email:	Fax:
Office Phone:	Cell:	Office Phone:	Cell:
Air Quality Permit #:	Emission Source Name and Emission Point ID:		
Permitted Maximum Process Rate:		Maximum Normal Operation Process Rate:	Target Process Rate for Testing:
1.1) What is the specific purpose for the proposed testing? (permit condition, NSPS, NESHAP, emission factor development, etc.)			
1.2) List all Forsyth County and federal regulations that apply to the proposed testing:			
1.3) Will the test results be used for other regulatory purposes (e.g., emission inventories, permit application, etc.) beyond that stated above, <input type="checkbox"/> Yes or <input type="checkbox"/> No? If yes, explain.			
1.4) How will production/process data be documented during testing (list specific control equipment, process parameters, instrumentation that will be used, frequency of data collection, collected by computer/manually, etc.)? TEST WILL NOT BE ACCEPTED WITHOUT APPROPRIATE PRODUCTION/PROCESS & CONTROL DEVICE OPERATION DATA.			
1.5) Provide a brief description of the emission source (including control equipment) and attach source/process flow diagram from source through stack exit:			
1.6) Provide a brief description of the sampling location, attach schematic of sampling location, and indicate whether concurrent testing will be conducted at other sampling locations:			

STACK TESTING PROTOCOL SUBMITTAL FORM

(REVISION: 2011-12-067)



Forsyth County
Office of Environmental Assistance and Protection
 Forsyth County Government Center
 201 N. Chestnut Street
 Winston-Salem, NC 27101-4120

Phone: (336) 703-2440 FAX: (336) 727-2777

2.1) Provide the following information for each test parameter.					
Target Pollutant	Proposed Test Method	Number of Test Runs	Test Run Duration	# of Sampling Points	Comments

2.2) Will all testing be conducted in strict accordance with the applicable test methods? If answer is no, attach complete documentation of all modifications and/or deviations to the applicable test methods.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.3) Does the proposed sampling location meet the minimum EPA Method 1 criteria for acceptable measurement sites? Attach supporting documentation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.4) In the past, has the absence of cyclonic flow been verified at this source per EPA Method 1? ABSENCE OF CYCLONIC FLOW MUST BE VERIFIED DURING CURRENT TESTING.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.5) Will the oxygen concentration be determined by <input type="checkbox"/> EPA Method 3 via Orsat or <input type="checkbox"/> strict EPA Method 3A?(specify) If answer is no, see Question 2.2 above. (Fyrites® are not allowed for oxygen per FCAQTC Rule 3D .2606)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.6) Do any of the proposed test methods require analysis of EPA audit samples? If yes, notify this Office at least 30 days prior to testing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.7) Has all testing equipment been calibrated within the past year? If answer is no, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.8a) Have all calibration gases been certified by EPA Protocol 1 procedures? (Answer only as applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.8b) Is a dilution system (via EPA Method 205) proposed? (Answer only as applicable) Attach a summary of expected calibration gas concentrations for all proposed instrumental test methods.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.9) What is the proposed test schedule? <u>This Office must be notified at least 10 days prior to the actual test date(s).</u>		
Additional Comments:		
Signatures: Representatives from the permitted facility <u>and</u> the contracted testing company must provide signatures below certifying that the information provided on this form and any attached information is accurate and complete.		
<div style="text-align: center; margin-bottom: 10px;"> _____ / _____ Permitted Facility Representative Date </div> <div style="margin-bottom: 10px;">Name:</div> <div style="margin-bottom: 10px;">Title:</div> <div>Company:</div>	<div style="text-align: center; margin-bottom: 10px;"> _____ / _____ Testing Company Representative Date </div> <div style="margin-bottom: 10px;">Name:</div> <div style="margin-bottom: 10px;">Title:</div> <div>Company:</div>	