

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

### Intent to Test (ITT) Form for CEMS Relative Accuracy Test Audit

App No.:
Doc No.:
Program: AIRENF - Air Enforcement
Source Emissions Group
(No Application Fee)
Intent to Test No:

**CPPU USE ONLY** 

Please duplicate and complete Part IV – Part IX of this ITT form for each

individual piece of equipment to be tested, attach to Page 1 of this ITT Form and the certification page. For compliance emissions testing, please submit an "*ITT Form for Compliance Emissions Testing*."

If this Form is for a Non-Standard Test Protocol then please also complete Part XII 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 <sup>1</sup>:

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:			
		Cell			
Project Manager Business Phone:		Phone:			
For sources subject to 40 CFR Part					
or low mass emission testing; will t					
by an air emission testing body that certifies conformance with ASTM					
method D 7036?		L Not ap	plicable		

<sup>1</sup> Reference the SEM Test Guidelines v.2 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. <i>The total fee due will be billed by the DEEP at the completion of the testing.</i> Check here if exempt from the fee pursuant to CGS Section 22a-232.							
Billing Contact Name							
(Required, if different from							
Company Contact):							
				Zip			
Billing Contact Mailing Address:		State:		Code:			
Billing Contact Business Phone:		Email:					

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

Part IV: Proposed Test Schedule & Test Due Date							
		Duration (No. of					
Proposed Test Date:		days):					
Date of Last QA/QC Audit & Type							
of Audit:	Date: Type:			Date of Last RATA:			
If this is an initial certification RATA,	please fill out	the follo	wing and	include a protocol that	t meets the		
requirements of Section 7 of the SEN	A Guidelines:						
Initial Startup Data:		Date Equipment Reached					
initial startup Date.	Maximum Capacity:						

Part V: Equipment Information & Applicable Regulatory Test Requirements (State and Federal)							
a) Equipment Name or Description as Licensed:							
	NSR Enforcement Order						
b) License Number and Type:	Registration Unlicensed						
c) Title V Permit Number (if applicable):	No.						
d) Type of RATA:	□ Initial Certification □ Certification						
	Re-Certification due to analyzer repair or replacement						
	□ 40 CFR Part 60 Subpart						
	for Pollutants:						
e) Cite Each Regulatory Requirement That	□ 40 CFR Part 75 Subpart						
Applies To This Specific Test Program:	for Pollutants:						
	Permit No. for Pollutants:						
	□ Other for Pollutants:						

	Annual RATA (Every 4 Calendar Quarters)
	Every 4 Operating Quarters (Part 75 Only)
f) Minimum Frequency for RATA:	Every 2 Operating Quarters (Part 75 Only)
	Other (For CEMS RATAs beyond 8 calendar quarters, provide accumulated operating hours demonstrating the CEMS is within its 720 hour grace period – can be done via EPA's ECMPS)

Pa	Part VI: Equipment Information & Applicable Regulatory Test Requirements (State and Federal)							
a)	Have there been any changes in any CEMS analyzer make or model?	□ Yes	□ No					
b)	Have there been any changes in sampling location? If yes, please describe and explain	Yes Describe:	□ No					
c)	Have there been any changes in sampling system design? If yes, please explain	Yes Explanation:	□ No					
d)	Has the CEMS plan been updated to address items above or identified compliance issues?	Yes Explanation:	□ No					

Please complete the table below using a separate line for each emissions limit. Please duplicate this Part for each piece of equipment.

Part VII: RATA Performance Specifications & Applicable Regulatory Test Requirements									
	Unit Designation:								
Parameter	Emission Limit with Units	RA Threshold	Performance Specification	Regulatory Requirement					

Complete the table below for each CEMS analyzer being audited and enter the Equipment Designation in each table heading. Please duplicate this table for each individual piece of equipment and attach to completed ITT Form.

Part VIII: CEMS Analyzer Information									
	Equipment Designation:								
Parameter	Range	Make & Model	Serial No.	Is Analyzer/CEMS New or Replacement?					

### Part IX: 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 limit. Compliance must be demonstrated in the units of each applicable short term emission limit.

Part IX: ITT & Gas Stream Sampling Information						
ITT No.:	ITT No.: Equipment Name: License No.: Equipment No.:					
Parameter (Pollutant, Diluent, Flow)	Test Method & PS	Number of Sampling Points	Sampling Duration: Minutes per Sampling Point	Total Duration of Sampling Run	Number of Sampling Runs	Other Information

#### Part X: 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 X: 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 XI: 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 XII of this ITT Form

Part XII: Non-Standard Test Protocol				
<ul> <li>a) Will this be an initial certification RATA for newly constructed/started-up equipment?</li> <li>Note: If "Yes", attach a detailed CEMS Monitoring Plan as an Attachment to Dart VII of this ITT Form</li> </ul>	□ Yes	□ No		
<ul> <li>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?</li> </ul>	□ Yes	□ No	To be deemed a minor <sup>2</sup> 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:				

<sup>2</sup> Minor change to EPA Test Methods are defined in 40 CFR Section 63.90 and the National Stack Test Guidelines.

## Attachment 2

# (Protocol – For Non-Standard Test Protocols Only)

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

Attachment 3

(CEMS Monitoring Plan)