



Connecticut Department of  
Energy & Environmental Protection

Source Emissions Monitoring  
Bureau of Air Management

**Intent to Test Application Form**

Please complete this application form in accordance with the instructions in order to ensure the proper handling of your Intent to Test request and the associated fee(s). Print legibly or type. **Note: For each source being tested duplicate Parts I, II, V, and VI of this application form. Note: It is required that all proposed test dates be confirmed with the Department's Source Emissions Monitoring Group prior to testing.**

CPPU USE ONLY
App No.: _____
Doc No.: _____
Check No.: _____
Program: AIRENF - Air Enforcement
EMISSION GROUP ONLY
Intent to Test No(s): _____

**Part I: Application Type and Permit/Registration Information**

Check the appropriate box identifying the application type.

<p><b>1. Application Type:</b> This application is for (check one):</p> <p><input type="checkbox"/> A Stack Test                      <input type="checkbox"/> A Relative Accuracy Test Audit:</p> <p style="text-align: center;"><input type="checkbox"/> Certification                                      <input type="checkbox"/> Re-certification</p>		
<p><b>Permit/Registration Information (Please specify whether it is a Permit or Registration below. If multiple units will be tested, use additional boxes provided below and duplicate this page as needed):</b></p>		
<p>2. Town where site is located: _____ 3. Town Number: _____</p> <p>4. Site (Premises) Number: _____ 5. Title V Permit Number if Applicable: _____</p> <p>6. Brief description of equipment/process being tested: _____</p>		
<p>7. a. 1<sup>st</sup> Unit: New Source Review (NSR) Permit No.: _____</p> <p>b. Registration No.: _____</p> <p>8. Proposed test date(s): _____</p> <p>9. Proposed start time: _____</p> <p>10. Last tested: _____</p> <p>11. Current test due by date: _____</p> <p>12. Stack Number or Title V EU No. if Applicable: _____</p>	<p>7. a. 2<sup>nd</sup> Unit: NSR Permit No.: _____</p> <p>b. Registration No.: _____</p> <p>8. Proposed test date(s): _____</p> <p>9. Proposed start time: _____</p> <p>10. Last tested: _____</p> <p>11. Current test due by date: _____</p> <p>12. Stack Number or Title V EU No. if Applicable: _____</p>	<p>7. a. 3<sup>rd</sup> Unit: NSR Permit No.: _____</p> <p>b. Registration No.: _____</p> <p>8. Proposed test date(s): _____</p> <p>9. Proposed start time: _____</p> <p>10. Last tested: _____</p> <p>11. Current test due by date: _____</p> <p>12. Stack Number or Title V EU No. if Applicable: _____</p>

If there are any changes or corrections to your company/facility or individual name, mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form. For any other changes you must contact the specific program from which you hold a current DEEP license. If there is a change in ownership, please contact the Permit Assistance Office for questions concerning license transfers at 860-424-3003.

## Part II: Fee Information

Expected duration of testing (number of days or partial days):

1<sup>st</sup> Unit: \_\_\_\_\_

2<sup>nd</sup> Unit: \_\_\_\_\_

3<sup>rd</sup> Unit: \_\_\_\_\_

As per section 22a-174-26(h) of the Regulations of Connecticut State Agencies and Section 22a-6f(d) of the Connecticut General Statutes, a fee of \$470.00 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. Note: Applicant 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 section 22a-232 of the Connecticut General Statutes.

## Part III: Applicant Information

*\*If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. This information can be accessed at [CONCORD](#).*

*If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).*

### 1. Applicant Name\*:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

\*E-mail:

\*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

- a) Applicant Type (check one):  Individual  \*Business Entity  Federal Agency  
 State Agency  Municipality  Tribal

\*If a business entity:

- i) check type:  Corporation  Limited Liability Company  Limited Partnership  
 Limited Liability Partnership  Statutory Trust  Other: \_\_\_\_\_

- ii) provide Secretary of the State business ID No.: \_\_\_\_\_ This information can be accessed at [CONCORD](#)

- iii)  Check here if you are **NOT** registered with the Secretary of State's office.

- b) Applicant's interest in property at which the proposed activity is to be performed:

- Site Owner  Option Holder  Lessee  
 Easement Holder  Operator  Other (specify): \_\_\_\_\_

- c)  Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above.

**2. Billing contact, if different than the applicant.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

E-mail:

**3. Primary contact for departmental correspondence and inquiries, if different than the applicant.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

\*E-mail:

\*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

**4. Site contact, if different than the applicant.**

Name of Facility or Site:

Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

E-mail:

**5. Engineer(s) or consultant(s) employed or retained to assist in preparing the Intent to Test application and/or to conduct the test, record the results, and produce the test report.**

Name of Engineering or Consulting Firm:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

\*E-mail:

Service Provided:

Check here if additional sheets are necessary, and label and attach them to this sheet.

**Part IV: Site Information (property at which the proposed activity is to be performed).**

<b>Site Name and Location</b>		
Name of Site :		
Street Address:		
City/Town:	State:	Zip Code:
Tax Assessor's Reference: Map	Block	Lot

**Part V: Reason for Test Program**

<p>1. Describe the process/equipment being tested (include appropriate emission unit designations)</p> <p>2. Specify reason for the test program (check all that apply):</p> <p>a) <input type="checkbox"/> NSR   <input type="checkbox"/> Title V   <input type="checkbox"/> 40 CFR Part 60 Subpart _____ (New Source Performance Standards)   <input type="checkbox"/> 40 CFR Part 63 Subpart _____ (MACT)   <input type="checkbox"/> NO<sub>x</sub> RACT</p> <p><input type="checkbox"/> RCSA §22a-174-38 HWC   <input type="checkbox"/> BIF   <input type="checkbox"/> Enforcement Order</p> <p>b) Specify any other applicable state and/or federal regulatory requirements:</p> <p>3. Compliance with American Society for Testing and Materials requirements</p> <p>a) For emission testing pertaining to resource recovery facilities, is tester compliant with American Society for Testing and Materials (ASTM) Method D 7036?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>b) For sources subject to 40 Code of Federal Regulations (CFR) Part 75, any relative accuracy test audits (RATAs), Appendix E, NO<sub>x</sub> RACT testing or low mass emission testing; will the test be performed as required by an air emission testing body that certifies conformance with ASTM Method D 7036?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
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## Part VI: Intent-to-Test Information (complete for each piece of equipment tested)

When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment to Part VI.) and be sure to include the applicant's name as indicated on this application form.

Duplicate this Part for each emission unit being tested and attach to this sheet

- 1) Identify equipment and stack to be tested:
  
- 2) Identify the Maximum Rated Capacity or throughput of equipment as permitted/registered (with units):  
**Note: For fuel burning sources, Maximum Rated Capacity is based on the equipment's Maximum Gross Heat Input (MMBTU/hr)**
  
- 3) Specify how the operating load/capacity will be demonstrated 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 Municipal Waste Combustors, maximum capacity shall be determined via steam load.**
  
- 4) Has the facility scheduled production or throughput such that the equipment to be tested can be operated at the permitted or registered maximum capacity?  Yes  No
  
- 5) *(For new equipment only)* Has the equipment being tested been started up?  Yes  No  
(for the purpose of this form, start-up means the setting in operation of the equipment being tested for any purpose)  
  
If yes, what was the date of start-up?
  
- 6) *(For new equipment only)* Has the equipment reached its maximum production rate?  Yes  No  
If yes, what was the date the equipment reached its maximum production rate?
  
- 7) Specify each fuel listed in permit, enforcement order, or registration (for fuel burning sources):
  
- 8) Specify the fuels the unit is physically capable of burning (for fuel burning sources):
  
- 9) Has any maintenance or parts replacement been performed on the equipment or the control unit within the last year? If yes, briefly describe:  
  
**Note: Some maintenance, such as installing new filter bag in a baghouse or replacing the activated carbon in an absorber, may disqualify the equipment from a performance test until sufficient time has elapsed to ensure a test which will be representative of normal operations.**
  
- 10) Emissions rate will be calculated for fuel burning sources using (check all that apply):  
  
 F-Factor     Ultimate Fuel Analysis     Volumetric Flowrate Measurements at the Emissions Point(s)     Other

11) Are any modifications or alternatives as spelled out within the test methods being proposed?

Yes     No (If "No", then no modifications or alternatives, however minor, will be accepted once intent to test protocol has been approved by the Department. If "Yes", list each test method and section being modified and attach a detailed modification description and justification **as an Attachment to Part VI**):

12) For any **Relative Accuracy Test Audit (RATA)** please indicate:

a) Have there been changes in any analyzer make and/or model?  Yes     No

If yes, what is the change and when was it changed?

b) Have there been any changes in sampling location?  Yes     No

If yes, when was it changed (please explain).

c) Have there been any changes in sampling system design?  Yes     No

If yes, please explain.

**Table 1: Gas Stream Sampling Information (Duplicate table for each unit being tested)**

Gas Stream Components/ Pollutants Being Tested	Sampling Duration		No. of Sample Runs	Emission Limit (w/units)	Expected Concentration (w/units)	Description of Test Method
	Minutes/Point	Total Time for Sample Run				

**Part VII: Applicant Certification**

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An

application will be considered incomplete unless all required signatures are provided. [If the applicant is the preparer, please mark N/A in the spaces provided for the preparer.]

<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 application is on complete and accurate forms as prescribed by the Commissioner without alteration of the text.”</p>	
Signature of Applicant	Date
Name of Applicant (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Name of Preparer (print or type)	Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, consultants, etc.)	

**Part VIII: Applicant E-Submission**

Please submit the completed application form and all supporting documents by electronic mail to [DEEP.SEM@ct.gov](mailto:DEEP.SEM@ct.gov) the Source Emissions Monitoring Group in the Bureau of Air Management, or in the alternative, in hard copy to:

SOURCE EMISSIONS MONITORING  
 BUREAU OF AIR MANAGEMENT  
 DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION  
 79 ELM STREET  
 HARTFORD, CT 06106-5127

**The Following Additional Information Shall Be Submitted as Attachments**

*Submission of Test Protocol*



An Intent-to-Test Transmittal Form (DEEP-AIR-ITT-002) available at the SEM web address shown on next page) and Test Protocol must be completed by the tester and received by the SEM unit no less than thirty (30) days prior to the test or as specified by the applicable regulation, permit or enforcement order. A mutually acceptable test date will be determined during the test protocol approval process. Note that any reference to a proposed test date in the protocol is not considered final until it is scheduled through the Department's SEM unit.

### *Intent to Test Protocol - Content*

The Emission Test Protocol will be evaluated for its conformance to applicable test methods and process conditions. The protocol must include, at a minimum, the following information in addition to a completed Intent-to-Test Transmittal Form (DEEP-AIR-ITT-002):

1. Sampling area description:
  - a. Stack configuration;
  - b. Sampling port locations; and
  - c. Sampling point locations for each port.
2. A dimensional sketch or sketches showing the plan and elevation view of the entire ducting and stack arrangement. The sketch should include the relative position of all processes or operations venting to the stack (or vent) to be tested. It should also include the position of the ports relative to the nearest upstream and downstream gas flow disturbance or duct dimensional change. The sketches should include the relative position, type, and manufacturer's claimed efficiency of all gas cleaning equipment
3. A cross-sectional dimensional sketch of the stack or duct at the sampling ports showing the position of sampling points. In case of a rectangular duct, show division of duct into equal areas.
4. A schematic diagram of each sampling train, including construction materials;
5. The type or types of media to be used to collect each gas stream component (include filter specification sheets);
6. Sample probe types (e.g. glass, Teflon, stainless steel, etc.)
7. Sample recovery, clean-up methods and solvents to be used (sample recovery procedures must be performed on-site);
8. A description of the laboratory analysis methods to be used to determine the concentration of each pollutant;
9. A sample of all field data sheets to be used during the test;
10. A written description of process operations and monitoring to include, but not be limited to, the descriptions of the following:
  - a. Material usage and associated recordkeeping;
  - b. Throughput rates and monitoring (e.g., feed, fuel flow and steam flow rates);
  - c. Maximum Rated Capacity (MRC) of equipment and parameters to be monitored to show MRC;
  - d. Typical (and, if necessary, historical) operating levels; and
  - e. Control equipment operation and monitoring (as applicable).
11. A description of each test method to be used;
12. Quality assurance/quality control procedures;
13. Samples of calculations;

### *Process Operating Conditions*

#### *Stack Testing*

Emission values obtained from any test program may be considered valid only for the process operating conditions existing during testing. In general, the source must be operated at or above ninety percent (90%) of maximum capacity during emissions testing. Operation of equipment at rates differing from those existing during testing may place the equipment in violation. It is recognized, however, that there are specific processes that may warrant testing at less than 90% of maximum capacity (e.g., a process with a control or removal efficiency of a specified pollutant, in which lower inlet loading to a control device may result in worst case operating conditions). Therefore, on a case-by-case basis, the Department may approve emission tests conducted at less than 90% of maximum capacity, provided a sufficient justification for a different testing condition is submitted with the test protocol. See USEPA's Clean Air Act National Stack Testing Guidance for further discussion on representative testing conditions.

*Relative Accuracy Testing*

For relative accuracy testing, the process operating level must be as specified in 40 CFR Parts 60, 61, 63 and/or 40 CFR Part 75 (as may be applicable).

**Instructions for Completing the Intent to Test (ITT) Application form for Stationary Sources of Air Pollution**

[http://www.ct.gov/dep/lib/dep/air/compliance\\_monitoring/emission\\_test/intent\\_to\\_test\\_application\\_instructions.pdf](http://www.ct.gov/dep/lib/dep/air/compliance_monitoring/emission_test/intent_to_test_application_instructions.pdf)

**Intent to Test Application Form**

[http://www.ct.gov/dep/lib/dep/air/compliance\\_monitoring/emission\\_test/intent\\_to\\_test\\_application\\_form.pdf](http://www.ct.gov/dep/lib/dep/air/compliance_monitoring/emission_test/intent_to_test_application_form.pdf)