



Mail Application to:
 GRIC DEQ
 Attn: Air Quality Program
 P.O. Box 97
 Sacaton, AZ 85147

OR

Deliver/Email Application to:
 GRIC DEQ Air Quality Program
 168 Skill Center Rd.
 Sacaton, AZ 85147
Air@gric.nsn.us

FOR OFFICIAL USE ONLY

PERFORMANCE TEST PROTOCOL SUBMITTAL FORM

ALL APPLICANTS MUST COMPLETE ITEMS 1 THROUGH 11 ON THIS FORM FOR EACH PIECE OF EQUIPMENT TESTED AND THE **COMPLETED FORM SHALL BE SUBMITTED WITH THE TEST PROTOCOL**. IN ADDITION TO ANSWERING EACH QUESTION IN THE SPACE PROVIDED, PLEASE PROVIDE THE SECTION AND PAGE NUMBER OF THE TEST PROTOCOL IN WHICH THE QUESTION IS MORE FULLY ADDRESSED (IN THE "TEST PROTOCOL SECTION / PAGE #" COLUMN).

1. BUSINESS NAME:			
2. FACILITY ADDRESS:			
3. CONTACT PERSON AT FACILITY:			EMAIL:
			PHONE:
4. IS THIS A PORTABLE SOURCE ?	<input type="checkbox"/> YES (IF YES, PROVIDE THE <u>CURRENT</u> SITE INFORMATION IN ITEM 3) <input type="checkbox"/> NO (COMPLETE ITEM 3)		
5. AIR QUALITY PERMIT NUMBER:			
6. EQUIPMENT BEING TESTED:			
7. TEST DATES:			
8. TEST COMPANY:			

9. WE CERTIFY THAT WE ARE FAMILIAR WITH THE OPERATIONS AND EQUIPMENT REPRESENTED ON THIS APPLICATION AND ATTACHMENTS AND THE INFORMATION PROVIDED HEREIN IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF OWNER OR RESPONSIBLE OFFICIAL OF BUSINESS: _____ DATE: _____

TYPE OR PRINT NAME AND TITLE: _____

EMAIL ADDRESS: _____

SIGNATURE OF TEST COMPANY REPRESENTATIVE: _____ DATE: _____

TYPE OR PRINT NAME AND TITLE: _____

EMAIL ADDRESS: _____

DO NOT WRITE IN THIS SPACE

REVIEWED BY: _____ DATE: _____

APPROVED DENIED

REASON FOR DENIAL: _____

10. COMPLETE THE FOLLOWING TABLE WITH THE INDICATED TEST INFORMATION:

TARGET POLLUTANT/ CONSTITUENT	PROPOSED TEST METHOD	NUMBER OF TEST RUNS	TEST RUN DURATION	PORT LOCATION (INLET/STACK)	NUMBER OF SAMPLE POINTS

11. ANSWER THE FOLLOWING QUESTIONS REGARDING THE PROPOSED PERFORMANCE TEST:

ITEM	QUESTION	RESPONSE	TEST PROTOCOL SECTION / PAGE #
1	Has the specific purpose for the proposed testing been defined?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2	Will the test results be used for other regulatory purposes (e.g., emission inventories, permit application, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3	Has the facility's operating schedule (maximum and normal in hr/day, day/wk and wk/yr) been provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4	Have complete process and control equipment descriptions been provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5	Does the process include cyclical or batch operations that could produce variable emissions?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6	Have the process operating schedule (maximum and normal in hr/day, day/wk and wk/yr) and process rate (maximum and normal) been provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7	Has the target process rate for testing been provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8	Have or will there be any adjustments or significant maintenance performed on the control equipment during the six-month period prior to testing?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
9	Have there been any equipment modifications, failures or malfunctions during the last five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
10	Have there been any emissions-related engineering evaluations conducted on the system during the last five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
11	Will all testing be conducted in strict accordance with the applicable test methods?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
12	Do all proposed sampling locations meet the minimum EPA Method 1 criteria for acceptable measurement sites?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
13	Will absence of cyclonic flow be verified per EPA Method 1 prior to testing?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
14	Will the oxygen concentration be determined by EPA method 3 via ORSAT or strict EPA Method 3A?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
15	Will the moisture content be determined by EPA method 4 via sample train?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
16	Have all calibration gases been certified by standard procedures and are the certifications current, if applicable?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
17	Have the procedures for documenting process and control equipment data during testing been determined?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
18	Has it been decided who will document process and control data during testing (facility or test company)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
19	Are any confidentiality claims being made with respect to this protocol? If yes, please submit both confidential and non-confidential copies of the test protocol.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
20(a)	Has a current Operation and Maintenance (O&M) Plan for control device(s) on site been approved by the Gila River Air Quality Program? If not, please submit a copy of the current O&M Plan along with this protocol per Item 20(b) below.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
20(b)	Is a copy of the O&M Plan being submitted along with this protocol? If not, please submit the O&M Plan to the address indicated at the top of Page 1 or email to air@gric.nsn.us . A copy of the O&M Plan guidelines can be obtained at: http://gricdeq.org/index.php/air-quality-program/forms	<input type="checkbox"/> YES <input type="checkbox"/> NO	