



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

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

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

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

<input type="checkbox"/> Standard Test Protocol	<input type="checkbox"/> Non-Standard Test Protocol
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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 Number:		Cell No.	_____
For sources subject to 40 CFR Part 75, any RATAs, Appendix E NOx 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	

¹ By providing this e-mail address you agree to receive official correspondence from DEEP, 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 DEEP 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.*** 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 IX of this application for each individual piece of equipment to be tested.

Part IV: Proposed Test Schedule & Test Due Date

Proposed Test Date:		Duration (No. of 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 following and include a protocol that meets the requirements of Section 7 of the SEM Guidelines:			
Initial Startup Date:		Date Equipment Reached Maximum Capacity:	

Part V: Equipment Information & Applicable Regulatory Test Requirements (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):	No.
d.) Type of RATA:	<input type="checkbox"/> Initial Certification <input type="checkbox"/> Certification <input type="checkbox"/> Re-Certification due to analyzer repair or replacement
e.) Cite Each Regulatory Requirement That Applies To This Specific Test Program:	<input type="checkbox"/> 40 CFR Part 60 Subpart <input type="checkbox"/> 40 CFR Part 75 Subpart <input type="checkbox"/> Permit No. <input type="checkbox"/> Other

f.) Minimum Frequency for RATA:	<input type="checkbox"/> Annual RATA (Every 4 Calendar Quarters) <input type="checkbox"/> Every 4 Operating Quarters (Part 75 Only) <input type="checkbox"/> Every 2 Operating Quarters (Part 75 Only) <input type="checkbox"/> Other (For CEMS RATAs beyond 8 calendar quarters, provide accumulated operating hours demonstrating the CEMS is within its 720 hour grace period)
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Part VI: Equipment Information & Applicable Regulatory Test Requirements (State and Federal)

a.) Have there been any changes in any CEMS analyzer make or model?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.) Have there been any changes in sampling location? If yes, please describe and explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.) Have there been any changes in sampling system design? If yes, please explain	<input type="checkbox"/> Yes <input type="checkbox"/> No Explanation:
d.) Has the CEMS plan been updated to address items above or identified compliance issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explanation:

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.

Equipment Name: _____

License Number: _____

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 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 X: 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 XI: Company 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 XII of this ITT

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Part XII: Non-Standard Test Protocol

a.) Will this be an initial certification RATA for newly constructed/started-up equipment?

Yes No

Note: If "Yes", attach a detailed CEMS Monitoring Plan as an Attachment to Part XII 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

(Protocol – For Non-Standard Test Protocols Only)

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

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Attachment 3
(CEMS Monitoring Plan)

Draft