



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

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

Intent to Test (ITT) Form for Visible Emissions Testing

Please duplicate and complete Part IV – Part V of this ITT Form for each individual piece of equipment to be tested and attach to Page 1 of this ITT Form with the Certification page. E-mail completed ITT Forms to DEEP.SEM@ct.gov. If Test Method 22 or ALT-082 will be used, please complete all Parts except Part III.

Test Method	
Test Method 9:	
Test Method 22:	Alternative Test Method 082:

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:			
Title of Contact Person:					

Part II: Emissions Test Contractor Information (if Applicable)		
Name of Consulting or Testing Firm:		
Project Manager Name:		E-mail ¹ :

Part III: Fee Information & Billing Contact Information				
<p>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. Company 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.</i> <input type="checkbox"/> Check here if exempt from the fee pursuant to CGS Section 22a-232.</p>				
Billing Contact (Required):				
Mailing Address:		State:		Zip Code:

Business Phone No.:		Email:	
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Please duplicate and complete Part IV – Part V of this form for each individual piece of equipment to be tested.

Part IV: Proposed Test Schedule & Test Due Date			
Proposed test date & start time:		Duration (No. of days):	
Test due date:		Date last tested:	
What was the average measured opacity of last VE test?	%		

Part V: Equipment Information & Test Regulatory Drivers (State and Federal)	
a.) Equipment name or description as licensed:	
b.) License number and type:	<input type="checkbox"/> NSR <input type="checkbox"/> Enforcement Order No. <input type="checkbox"/> Registration <input type="checkbox"/> Unlicensed
Cite each regulatory requirement that apply to this specific test program:	
c.) State regulatory requirement(s) for test program	<input type="checkbox"/> NSR: <input type="checkbox"/> RCSA Section: <input type="checkbox"/> No state test driver applies:
d.) Test frequency for each state regulatory requirement(s): (annually, etc.)	
e.) Federal regulatory requirement(s) for test program	<input type="checkbox"/> 40 CFR Part 60 Subpart <input type="checkbox"/> No federal test driver applies:
f.) Test frequency for federal regulatory requirement: (e.g. annual, biennial, etc.):	
g.) Licensed Maximum Rated Capacity (MRC) : (For rock crushing operations – in tons/hour of product and MMBTU/hr or gal/hr of fuel)	Maximum Rated Capacity (by Design) Maximum Rated Capacity, Operational (if different than above)

Part VI: Certification

ITT Forms will be considered incomplete unless all required signatures are provided.

Part VI: 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 VII: Form E-Submission (Required)

Please submit the completed form and all supporting documents by electronic mail to DEEP.SEM@ct.gov.

Forms may also be sent to:

Bureau of Air Management
Enforcement Clerical
Source Emissions Monitoring
Dept. of Energy & Environmental Protection
79 Elm St.
Hartford, CT 06106