Instruction Sheet
DEP 6028 Compliance Test Protocol

The purpose of this form is to acquire information about the source due for compliance or RATA tests of permitted processes, affected facilities emission units, for which standards of performance are regulated.

Note: This form must be filled out with information from the latest or most recent air quality permit for the facility.

I: CERTIFICATION

Signature: Protocol must be signed by the responsible or authorized official on behalf of the owner or operators of the source. This is **the** person responsible for compliance with the permit or registration

Date: Enter date of preparation ***(enter the date in the format of MM/DD/YR)***

Affiliation and Title: Enter the affiliate company name, title, and email address

II: AGENCY OF INTEREST INFORMATION

II. A. General Information

Facility Name: Enter the applicant or facility name as permitted

Facility ID: Enter the Agency Interest ID:_____
Enter the KY EIS #: 21- ____ - _____
Note: A new facility might not have an assigned KY EIS number.

Permit ID#: Enter the permit number of the permitted facility. This number is found on the front page of the permit.
Note: Refer to the most recent permit for details. A new facility might not have a permit number.

Facility Address: Enter **most recent permitted** permanent address.

Facility Contact: Enter the **current technical contact's** name and title.

Telephone #: **Enter phone number and email address of the above Facility Contact.** This individual may be contacted for technical information concerning the protocol-submittal**.**

Subject Items (emission unit or points) to be tested:
Specifical state the emission units or points to be tested. **Submit one DEP 6028 form for each emission unit or point if multiple emission units or points are to be tested. Enter the unique number and description used to identify the emission unit or point as described**

in the permit or registration. If the emission unit or point is currently permitted, use the existing identification number as found in the permit.

Purpose of the test:

List the applicable regulation(s) and Method(s) of determining compliance with the emission and operating requirement(s). List all work practices, equipment standards, control equipment used, or any method of operation used to comply with the applicable requirement, standard, restriction, or limitation (s).

Tentative test date(s):

Enter the estimated start date(s) for the test. Don't generalize a monthly period of potential testing (for example, scheduling for the entire month of March.

II: B. Process Information

Maximum rated Capacity:

Record the rated operational capacity in MMBtu/hour, tons/hour, lb/hour. etc. Refer to the most recent permit for description, details, or units operating panel information.

Rate to be run during the test:

Be specific to enter or detail this portion in MW/hr. tons/hour, MMBtu/hour, or similar. Note: Unit details must match maximum rated capacity

Method to be used for determining rate:

Enter the detail in appropriate units: KW (kilowatts) meter/24 hour, MW (megawatts)/hour, Pounds of team/hour, HP (horsepower)/hour or similar **Provide information of combined rated capacity, if more than one unit (combined) being tested.**

Nominal Operating cycles (e.g. 8 hours/day, soot blowing, etc.):

Enter the details of the operating cycle, for example, 24 hour/day for plant electrical power and hot water requirements-no soot blowers, 24hour per day, 7 days per week, etc.

Operating conditions that tend to cause worse case pollution emissions:

Describe worse case pollution emission causing operating condition, for example start up and shut down, full load operation, etc.

Normal maintenance schedule for equipment affecting emissions:

Describe normal maintenance schedule details, for example accomplished through annual bi-monthly, quarterly, or bi-annual inspection and maintenance, performed according to manufacturer specifications or written instructions, etc.

INCLUDE SIMPLIFIED PROCESS FLOW DIAGRAM

Provide a legible and detailed process flow diagram(s) for the unit(s) or process(es) to be tested. May be included as an attachment. Process flow diagrams must include information regarding the process prior to and after the emission unit being tested. The diagram should also indicate where in the process emissions are vented to the atmosphere."

II: **C. Control Equipment Data:**

List the type and manufacturer of the control equipment:

Details of the control equipment should be provided. (*Example, Oxidation catalyst for CO control; Lean burn GE Jenbacher engines, SCR, ESP, WESP, Baghouse, etc.)*

List the data to be monitored and recorded to ensure representative operation during the test and their optimum values*:*

Enter the data to be monitored, for example KW meter (3000-3326 KW), exhaust gas temperature into oxidation catalyst (450-1350 oF), pressure drop across oxidation catalyst (To Be Determined) or control not applicable

(***The responsible official or designated representative should make sure information is entered correctly before submittal. This must be filled out and cannot be left blank).***

Describe the operational cycles:

Provide details if the cycle is Continuous, batch, semi-weekly, weekly, etc.

List continuous monitors: Provide details if monitoring is continuous or not:

For example Unit uses Continuous Parameter Monitoring System (CPMS) or NA if there is no monitoring

List the normal maintenance schedule on any tested or control equipment and the date the last time this maintenance was performed.

(***Example: Annual inspections and maintenance accomplished through annual bi-monthly, quarterly or bi-annual inspection and maintenance, performed according to manufacturer specifications or written instructions, etc.)***

III. SAMPLING DATA

Name of Testing Firm:

Address of Testing Firm:

Testing Firm Current Contact:

Telephone #: field #, office # and email addresses must be provided.

List all of the Subject Items to be sampled and give the information required below:

(Emission units or points-must match detail within the latest permit unit's description **pollutants to be sampled, total time per test, number of tests runs and methods to be used must be detailed in the table on the protocol. Additional details should be added if multiple inlet stacks will be sampled to a shared exhaust stack and a pictorial of sampling procedure should be provided***).*

Include a diagram of the sampling location with dimensions, port locations, number and location of traverse points, distances from flow disturbances, and any other physical obstacles in or around the stack. **Stratification tests as specified in Method 7E will be**

performed to determine number of traverse points required for gaseous concentration sampling at the two sites.

III. A. Sampling Train Information:

Provide a detailed description of any sampling or sample recovery and transport procedures that do not comply with the specified procedures listed in the method and provide justification for the deviation:

For example: Stainless steel condensers may be used in place of glass impingers in Method 4 moisture sample trains. **Provide any approved deviations in past testing of the unit to be tested with documentation or reference(s)**

Length of the sampling probe:

Provide details of the length of the sampling probe in feet, inches

Probe liner material of construction:

Provide details of the material: either stainless steel, aluminum etc.

Manufacturer(s) of the sampling equipment:

Provide the name of the manufacturer(s) of the equipment, such as Apex Instruments, California Analytical Instruments, and Teledyne.

List the clean-up and/or analysis to be done on-site:

Provide the clean-up and/or analysis to be done at the site within the testing. For example, Moisture gain, stack gas O_2, CO2, NOx, CO, THC, and Non-Methane VOC using continuous analyzers

Enter Stack temperature in ^{o}F Catalyst In Temperature in ^{o}F, Stack gas velocity in fps, Moisture in Stack in % and Stack gas composition including the approximate concentration of organics:

For instrumental methods list the expected concentrations, the allowable concentrations, the instrument span values, and the calibration gas concentrations:

Enter expected concentration of gases in cal gases, ppm or alternative. **Enter expected concentration of gases in cal gases, ppm or alternative. (This must be filled out to avoid denial of report.)**

III. B. Laboratory Analysis:

Give a detailed description of any analytical procedure and/or equipment that does not comply with the specified procedures and provide a justification for the deviation:

Provide details of this information from past testing, similar to the current testing.

List your chain-of-custody procedures and the method(s) of documentation:

Provide details on the project managers/test crew, sample collection labeling with responsible official, runs before and after plus recovery area, transportation, data acquisition in logbook or computer and who maintains the chain of custody for release.

ALL LABORATORY PROCEDURES SHALL HAVE PERTINENT QUALITY ASSURANCE DATA SUBMITTED WHETHER OR NOT THE WORK IS PERFORMED IN-HOUSE OR BY A THIRD PARTY:

This should be labelled separately from raw data

Have you participated in any EPA inter-lab source audits in the last year? ● yes ○ no

Select "yes" or "no" response.

If so list the type of audit, the date, and the result(s):

Provide detail on when test was performed, with dates, results, contractor, and period for the performance. **Provide details if using audit sample**

III. C. Data Sheets:

Submit examples of all data sheets to be used.

Provide data sheets that are legible and readable, either as attachment or otherwise. Example of data sheet to be used by the tester must be provided; or a CEMS general information form

60-DAY PROTOCOL WAIVER REQUEST GUIDANCE:

KDAQ does not grant automatic waivers to regulatory deadlines for compliance tests.

Please submit a protocol to the Source Sampling Section's eForms as soon as possible. Afterwards, please submit a formal request for a waiver from the sixty (60) day requirement for protocol-submittal found in 401 KAR 50:045. Waivers must be submitted in writing (via email) to our Director, Mr. Michael Kennedy (michael.kennedy@ky.gov). Mr. Ben Markin (ben.markin@ky.gov) and Phillip D. Bray (Wayne.Bray@ky.gov) must be included as a cc on the request.

NOTE WELL:

Waiver-requests must include all relevant information for a determination to be made and must clearly demonstrate the technical and/or logistical needs that prevent testing in accordance with regulatory deadlines. The request should explain the negative consequences of not being granted a waiver. Finally, the waiver-request should also outline the steps that will be taken to ensure that regulatory requirements are met for future protocol submittals. If you choose to continue with testing without an approved waiver, KDAQ may not accept the results, even if they show compliance.

Additionally, KDAQ tracks waivers. Repeated requests may result in automatic denial. **KDAQ strongly recommends only requesting a waiver if it is truly needed.**