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west virginia department of environmental protection

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Division of Air Quality  
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Harold D. Ward, Cabinet Secretary  
dep.wv.gov

## Proposed Test Plan Protocol

### SECTION 1: COMPANY INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### SECTION 2: AIR POLLUTION FACILITY TO BE TESTED

Facility WV DAQ ID: \_\_\_\_\_

Relevant Permit Numbers: \_\_\_\_\_

Physical Location/Address: \_\_\_\_\_

Directions to Facility *(or Attach a Map)*:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Test:

Condition of Permit *(including permit citation)*: \_\_\_\_\_

Consent Order *(list CO#)*: \_\_\_\_\_

Administrative Order *(list AO#)*: \_\_\_\_\_

Other *(specify)*: \_\_\_\_\_

Facility Contact *(on-site safety/test schedule/test information related)*:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Promoting a healthy environment.

**SECTION 3: TEST DATE(S)**

Anticipated Test Date(s) and Start Time:

\_\_\_\_\_

**SECTION 4: TESTING FIRM INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Testing Firm Contact (*on-site safety/test schedule/test information related*):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Sources Tested by Firm in the Last 12 Months: 0-5 6-15 16-50 >51

Number of Sources Tested in WV in the Last 12 Months: 0-5 6-15 16-50 >51

Will Collected Samples be Transferred to a Laboratory? YES NO

If so, Laboratory Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Attach a sample chain of custody form.)

**SECTION 5: UNIT/SOURCE INFORMATION**

Emission Unit Description and Unit ID (*identical units can be described once, but include all unit ID numbers*):

\_\_\_\_\_

\_\_\_\_\_

Design Capacity/Maximum Operating Rate: \_\_\_\_\_

Historical Maximum Operating Rate: \_\_\_\_\_

Historical Average Operating Rate: \_\_\_\_\_

Expected Operating Rate for Test: \_\_\_\_\_

Fuel(s) Normally Burned:

Types:				
Consumption Rate:				

Is fuel sampling and analysis to be performed during the test? YES NO

Type(s) of Control Equipment Used for Source:

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Sources/Process Operational Data to be Recorded During Test:

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Control Equipment Data to be Recorded During Test:

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**SECTION 6: PERFORMANCE TEST INFORMATION**

Pollutant/O <sub>2</sub> /CO <sub>2</sub> /H <sub>2</sub> O/Flow	# of Sampling Points	Total Time per Test Run	# of Test Runs	Test Method to be Used
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Test Procedures: Describe any test procedures to be used which may differ from the specified method(s).

(If a facility wishes to deviate from a required test method, the facility will need to gain approval from the delegated agency in advance of the test.)

**Preliminary Method 1 Data:**

Unit to be Sampled (*Emission Unit ID and common name*):

(Complete the information for each unit unless multiple identical units are tested)

- a. Does the rule or permit provide for an alternative location for sampling? YES NO
- b. Rule or permit citation: \_\_\_\_\_

**Duct Dimensions:**

- a. Depth (or diameter) of Duct: \_\_\_\_\_
- b. Nipple Length: \_\_\_\_\_
- c. Width of Duct: \_\_\_\_\_
- d. Equivalent Diameter: \_\_\_\_\_
- e. Stack Area: \_\_\_\_\_ in<sup>2</sup>

**Distance FROM Ports TO Nearest Flow Disturbance:**

	Distance	Diameters
Upstream		
Downstream		

Sketch of duct or stack section showing distances to upstream and downstream disturbances (*or attach a separate sheet*).

Sketch of sampling plane of duct or stack showing dimensions and number and location of sampling points (or attach separate sheet).

**Preliminary Method 19 Information:**

Will Method 19 be used to determine the stack gas flow rate? YES NO

Does each emission unit have a dedicated fuel meter? YES NO

If not, describe how the fuel flow will be determined:

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*(If the unit is an engine and a proprietary calculation program is used to determine the fuel flow, the engine specific operating conditions and the Lower Heating Value of the fuel, as entered into the program, must be recorded and included in the test report.)*

If the unit is an engine please see FAQ for Method 19 at:

[https://www.epa.gov/sites/default/files/2021-03/documents/frequently\\_asked\\_questions\\_for\\_method\\_19\\_-3-24-2021.pdf](https://www.epa.gov/sites/default/files/2021-03/documents/frequently_asked_questions_for_method_19_-3-24-2021.pdf)

Method 19 calculations for exhaust flow rate require “test day” fuel characteristics, i.e., ultimate analysis, HHV, LHV. Describe the procedures that will be used to obtain and analyze the fuel. Include the date the sample will be obtained and the anticipated date of analysis..

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*(The copy of the analysis must be included in the test report. If the sample was not obtained on the day of the test, an explanation of how the sample reflects “test day” conditions must be included in the report.)*

**Preliminary Method 25A Information:**

Will VOC emissions be determined by using Method 25A and Method 320/ASTM 6348? YES NO

If the unit is an engine, what are the anticipated levels of methane, ethane and propane in the exhaust? As ppm (*not corrected to propane*).

Will Method 25A and Method 18, by use of a single instrument, be used to determine the VOC emissions?  
YES NO

*(If yes, attach a copy of the USEPA document that allows the alternative test procedure/analyzer.)*

**Preliminary Method 320/D6348 Data:**

Pollutant/Compound Measured by FTIR	List Category (VOC, NOx, HAP, etc.)	Mark Dynamic Spike Calibration Gas(es)	Mark CTS Calibration Gas(es)

*(For pollutant categories that are a combination of multiple compounds - such as VOC, NOx - list the individual compounds which will be measured.)*

Provide the equation used by the FTIR software to convert the measured pollutant compounds, listed above, to Total VOC (*as propane on a dry basis*).

**SECTION 7: GENERAL**

**Sampling and On-site Analytical Equipment Information:**

Used for/in Method #	Manufacturer and Model	Meets Method Standards?	Date of Last Calibration

*(For equipment that differs from the standard method requirement, provide an explanation of change.)*

**Analytical Procedures:**

Describe any analytical procedures which differ from the specified method(s).

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**Data Sheets:**

Attach a sample of all field data sheets to be utilized.