NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

EMISSION TEST PRODUCTION REPORT FORM

Introduction

The following form has been established in order to determine operating conditions for equipment associated with stack emission tests. This form is to be completed by plant personnel during the stack sampling procedure and should accurately reflect all operations of equipment during each test run. All information supplied will be deemed as being authentic and accurate to operational conditions and will be used for determining compliance status.

The form should be submitted to the appropriate Regional Enforcement Office having jurisdiction, with a copy included in the final test report submitted to the Bureau of Technical Services.

Instructions

The information being requested on the form should be filled out completely. Failure to complete may result in invalidation of the stack test. If a particular section of the form is not applicable, write “NA” in that section. If accessory information is available or required to completely provide the mandated information, this should be attached to the form as an addendum, which should note the section on the form it pertains to. If multiple stacks are being tested, one report form should accompany each.

SECTION I - This information should be supplied as reported in the Preconstruction Permit or Operating Permit, for the equipment being tested.

SECTION II - Self Explanatory

SECTION III - List all conditions that pertain to operation parameters of equipment or control apparatus. State if the required condition is being achieved, if not explain why and when it will be met. If the condition directly relates to operations during the stack test they should be recorded and listed, with time of reading, during each test run (i.e. minimum temperature requirements, CEM readout) in Section III B.

SECTION IV - Supply the information requested for the subsection(s) which apply to the source operation. If conditions vary during each test run and/or from source to source they must be listed separately. Check the appropriate space that relates to the operating production rate during the test.

NOTE: Subsection IV A should contain a breakdown of raw materials by listing each component individually by chemical name. Include Chemical Abstract System (CAS) # if available. List percent used corresponding to each test run. If Material Safety Data Sheets (MSDS), production strip charts or logs or other information are available which accurately give raw materials, they may be attached as supplemental addendums.
SECTION V - Information in this section should be verified and recorded to establish the operation of the control devices from available direct readouts. These readouts should be recorded every 15 minutes. Copies of dated and signed strip charts may be used as replacement provided they clearly define the require information.

SECTION VI - Samples may be required to be taken and analyzed by the company or representatives of the company. This analysis is required to be conducted by a state certified lab. A duplicate sample may be required by the DEP person observing the test. This sample will be analyzed by the Department for verification of analytical results.
# AIR COMPLIANCE AND ENFORCEMENT REGIONAL OFFICES

## CENTRAL REGIONAL OFFICE
PO Box 407  
Trenton, NJ  08625-0407  
(609) 292-3187  
Fax No. (609) 292-6450  
COUNTIES:  Burlington, Mercer, Middlesex, Monmouth and Ocean

## NORTHERN REGIONAL OFFICE
7 Ridgedale Avenue  
Cedar Knolls, NJ  07927  
(973) 656-4444  
Fax No. (973) 656-4080  
COUNTIES:  Bergen, Essex, Hudson, Hunterdon, Morris, Passaic, Somerset, Sussex, Union and Warren

## SOUTHERN REGIONAL OFFICE
One Port Center  
2 Riverside Drive  
Camden, NJ  08162  
(856) 614-3601  
Fax No. (856) 614-3613  
COUNTIES:  Atlantic, Camden, Cape May, Cumberland, Gloucester and Salem
EMISSION TEST PRODUCTION
REPORT FORM

I. Company Name ____________________________ APC Plant ID # ____________
    Plant Location _______________________________________________________
    Permit Number (include PCP or BOP designation) __________________________
    Designation of Equipment ____________________

II. Emission Test Date(s) __________________________ __________________________
    Tests Conducted By:
    Name of Firm ___________________________________________________________
    Business Address _______________________________________________________
    Phone Number __________________________________________________________
    Test Team Representatives ____________________________ ___________________
                               ________________________________
                               ________________________________
                               ________________________________
    Test Time (Start/Finish) Run #1 Run #2 Run #3
                               / / /

III. Permit Operating Conditions
    A. List Conditions Achieved (Yes or No)
                               __________________
                               __________________
                               __________________
                               __________________
                               __________________
B. Log of Permit conditions during Stack Test  
(Record at least every 15 minutes)

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>RUN #</th>
<th>READOUT</th>
<th>TIME OF RECORDING</th>
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IV. Equipment Operation/Process Parameters

Number of Sources Connected _________
Number of Sources Operating _________

Production Rate:  
Normal _________
Maximum _________

A. Raw Materials:

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<tr>
<th>USAGE RATE</th>
<th>RUN #1</th>
<th>RUN #2</th>
<th>RUN #3</th>
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B. Surface Coating:

Material Being Coated ____________________________________________
Type of Coating ____________________________________________

Coating Rate (gals/hr) ________________________________

Is Coating Altered (Yes or No) _______________________

With ________________________________________________

Distance From Coating Head to Exhaust Duct _______________________

C. Fuel Burning / Incineration:

Type of Fuel ____________________________________________

Fuel Burning Rate ______________________________ (lbs/hr), (gals/hr), (ft³/hr)

Fuel Additives _____________________ % __________________

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<th>Meter Reading (if available)</th>
<th>Time</th>
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Type of Waste Constituents ________________________________

Auxiliary Fuel __________________________________________

Burning Rate __________________________________________

D. Other:

Description of Operation and Process Rate

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

V. Control Equipment Parameters

CEMS Required (Yes/No) _________________________________

Contaminant(s)? ________________________________
# STACK TEST CEMS READING

<table>
<thead>
<tr>
<th>Parameter Cont/Read</th>
<th>Parameter Cont/Read</th>
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<th>Time</th>
<th>Test Run #</th>
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A. Control Equipment Performance Parameter

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B. Additional Observations

- Fugitive Emissions (Yes/No) ______________________
- Equipment Location _________________________________________
- Visible Emission From Stack (Yes/No) _______________________
- Odors Noticeable (Yes/No) _________________________________
  - Vicinity of Equipment (Yes/No) ___________________________
  - Near Exhaust Stack (Yes/No) _____________________________
  - Off Property (Yes/No) _________________________________
VI. Samples

Type of Sample ____________________________________________

Time of Sampling __________________________________________

Sample By ________________________________________________

Sample Taken From _______________________________________

To Be Analyzed For _________________________________________

Analyzed By ______________________________________________

Form Information Supplied By: Name/Title (Please Print)

_________________________________________________________

_________________________________________________________

I certify under penalty of law that I believe the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information.

Signature(s)/Date _________________________________

_________________________________________________

_________________________________________________

DEP Usage Only

Rec’d By Sample Rec’d Rev’d By
Date/Time