



**New Mexico Environment Department  
Air Quality Bureau  
1301 Siler Road Building B  
Santa Fe, NM 87507  
Phone (505) 476-4300 Fax (505) 476-4375**



Version 1/1/2010

NMED USE ONLY	
DTS	
TEMPO	

## UNIVERSAL STACK TEST NOTIFICATION, PROTOCOL AND REPORT FORM

NMED USE ONLY	
Staff	
Admin	

**Submit to: Stacktest.aqb@state.nm.us**

I. DATABASE HEADER INFORMATION (drop down menus in bold)		
a. AI# <b>12345</b>	Test Notification/Protocol	Initial Compliance Test
d. Company Name: <b>Chama River Natural Gas Inc.</b>		e. Facility Name: <b>Tierra Amarilla Gas Plant</b>
f. Emission Unit Numbers: <b>EU- 1,2</b>	g. Emission Unit Description (boiler, Waukesha 7042, etc) <b>Waukesha 7042GL Compressor Engines</b>	
h. Reports - Tracking Number from notification response: <b>CMT</b>	i. Proposed Test Date: <b>Jan 1, 2010</b>	j. Actual test date:
k. Reason for test (name permit requirement, NSPS, MACT, consent decree, etc. Indicate here is this notification is a revised test date only) <b>NSR Permit 4567-M1, condition 3.4.2.1 and NSPS JJJJ</b>		

II. GENERAL COMPANY AND FACILITY INFORMATION					
a. Company Address: <b>PO Box 1000</b>			k.. Facility Address: <b>Mile 1.2 Rio Arriba County Road 531</b>		
b. City: <b>Cuba</b>	c. State: <b>NM</b>	d. Zip: <b>87013</b>	l. City: <b>Tierra Amarilla</b>	m. State: <b>NM</b>	n. Zip: <b>87575</b>
e. Environmental Contact: <b>Fred Friendly</b>	f. Title: <b>Environmental Coord.</b>		o. Facility Contact: <b>George Engineer</b>	p. Title: <b>Plant Manager</b>	
g. Phone Number: <b>(575) 999-9999</b>	h. Cell Number: <b>(575) 301-8888</b>		q. Phone Number: <b>(575) 222-2222</b>	r. Cell Number: <b>(575) 777-7777</b>	
i. Email Address: <b>ffriendly@Chamariver.com</b>			s. Email Address: <b>gengineer@Chamariver.com</b>		
j. Title V Permit Number: <b>n/a</b>			t. NSR Permit Number: <b>4567-M1</b>		
u. Detailed driving directions from nearest New Mexico town: <b>Take US 64 from Espanola to Tierra Amarilla. Turn left on County Road 531, go 1.2 miles to plant.</b>					

III. TESTING FIRM			
a. Company: <b>Testers R Us</b>		g. Contact: <b>Able Pitot</b>	
b. Address 1: <b>123 Fourth Street</b>		h. Title: <b>President</b>	
c. Address 2:		i. Office Phone: <b>(505) 123-4567</b>	j. Cell Phone: <b>(505) 456-1234</b>
d. City: <b>Albuquerque</b>	e. State: <b>NM</b>	f. Zip: <b>87002</b>	k. Email Address: <b>able.pitot63@yahoo.com</b>

IV. EMISSION UNIT			STACK PARAMETERS	
a. Emission Unit Number: <b>EU-1,2</b>	b. Make & Model Number <b>Waukesha 7042GL</b>		m. Velocity (ft/sec):	<b>32 ft/sec</b>
c. Serial Number: <b>1235zb, 1246zr</b>	d. Permitted Capacity: <b>not specified</b>		n. Temperature (°C):	<b>350</b>
e. Exceptions: Explain if test is late, rescheduled, related to an enforcement action:			o. Stack Diameter, D (in.):	<b>14</b>
			p. Distance to Stack Bends or Obstructions:	
g. Emission Unit Description and brief process name or description: <b>natural gas-fired RICE compressor engines at compressor station</b>			Upstream, Distance A (in.):	<b>62</b>
			Downstream, Distance B (in.):	<b>125</b>
h. Installation Date: <b>11/2/2009</b>	i. Startup Date: <b>11/4/2009</b>	k. Date Reached Max. Capacity: <b>12/1/2009</b>		
l. Control Equipment Description as listed in permit (model, ser. # etc. if applicable): <b>n/a</b>				

V. POLLUTANTS AND PROPOSED TEST METHODS			
Pollutant or Parameter:	Proposed Test Methods (Deviations from approved methods require supporting documentation and prior authorization)		Deviation to Test Method Requested
<input type="checkbox"/>	<b>Portable Analyzer Methods for NOx, CO, SO<sub>2</sub></b>		<input type="checkbox"/>
<input checked="" type="checkbox"/>	<b>NOx</b>	<b>EPA Method 7E</b>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<b>CO</b>	<b>EPA Method 10</b>	<input type="checkbox"/>
<input type="checkbox"/>	<b>SO<sub>2</sub></b>	<b>EPA Method 6</b>	<input type="checkbox"/>
<input type="checkbox"/>	<b>VOCs</b>	<b>(Specify)</b>	<input type="checkbox"/>
<input type="checkbox"/>	<b>HAPs</b>	<b>(Specify)</b>	<input type="checkbox"/>
<input type="checkbox"/>	<b>PM (TSP)</b>	<b>EPA Method 5</b>	<input type="checkbox"/>
<input type="checkbox"/>	<b>PM<sub>10</sub></b>	<b>EPA Method 201</b>	<input type="checkbox"/>
<input type="checkbox"/>	<b>PM<sub>2.5</sub></b>	<b>(Specify)</b>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Opacity</b>	<b>EPA Method 9</b>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Visual E.</b>	<b>EPA Method 22</b>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Stack Flow</b>	<b>EPA Methods 1 - 3</b>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Moisture</b>	<b>EPA Method 4</b>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Other</b>	<b>(Specify) EPA Method 19</b>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Other</b>	<b>(Specify)</b>	<input type="checkbox"/>
<b>List Specific VOC's and HAP's:</b>			

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VI. PROPOSED TEST RUN AND TEST LOAD INFORMATION			
a. Number of Test Runs: <b>3</b>	b. Run Duration <b>60</b>	c. Required by (regulation or permit number): <b>NSPS JJJJ</b>	d. Specific Condition or Section: <b>40 CFR 60.4243(a)(2)(iii)</b>
PLEASE NOTE – Default run duration is 60 minutes, unless otherwise specified by an applicable regulation.			
e. Expected Load: <b>680 HP</b>	f. Percent of Permitted Capacity: <b>90%</b>	g. Is this an opacity test? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	h. If yes, no. of observation pts.:
i. If expected load during test is less than 90% of capacity, explain: <b>n/a</b>			
<b>NOTE – Failure to test at 90-100% of permitted load will limit unit operation to 110% of tested load until a new initial compliance test is conducted.</b>			
PLANT OR UNIT OPERATING PARAMETERS TO BE MONITORED			
j. List and explain the plant operating parameters that will be monitored and applicable permit conditions or regulatory standards. <b>HP, suction, discharge pressure, torque, rpm, manifold temperature and pressure, timing</b>			

VII. ADDITIONAL DETAILS (where applicable)		
RATA and INSTRUMENTAL ANALYZER CALIBRATION PROCEDURES		
a. Do any of the methods you are proposing utilize instrumental analyzers (i.e.; EPA Methods 3A, 6C, 7E, 10, 18, 25/25A, 320 etc.)? If yes, briefly describe analyzer calibration procedures and/or calibration standard procedures. Enter the highest pollutant concentration expected and the proposed concentrations of calibration gases.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
SAMPLING TRAIN LEAK CHECK PROCEDURES		
b. Do any of the methods you are proposing utilize the EPA Method 5 sampling train (i.e.; EPA Methods 1-4, 5, 17, 26/26A, 29, etc.)? If yes, briefly describe sampling train and pitot tube leak check procedures:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
EPA METHOD 19 IN LIEU OF EPA METHODS 1-4		
c. Are you proposing to utilize EPA Method 19 in lieu of EPA Methods 1-4? If yes, explain why you believe this proposal is justified:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Method 19 is approved as a substitute for EPA method 1-4 velocity determination; required fuel analyses and meter calculation will be submitted with report.</b>		
PLEASE NOTE – EPA Method 19 may be utilized in lieu of EPA Methods 1-4, subject to the approval of the Department. If you are proposing to utilize EPA Method 19 in lieu of EPA Methods 1-4, you MUST include a recent fuel gas heating value analysis as well as a recent fuel flow meter calibration certificate, preferably conducted on the day of the test, but no earlier than three months prior to the test date. If the analyses have been conducted prior to the test date, you MUST append the certificates to the protocol. If conducted on the day of the test, you MUST append the certificates to the final test report.		

VIII. ATTACHMENTS (as needed to support proposed test; check all that apply)	
NOTIFICATION/PROTOCOL ATTACHMENTS	
<input type="checkbox"/>	Road Map Indicating Directions from Nearest New Mexico Town to Facility
<input type="checkbox"/>	Schematic of process being tested showing emission points, sampling sites and stack cross-section
<input type="checkbox"/>	Copy of proposed test methods (except for those promulgated test methods found in 40 CFR 51, 60, 61 and 63)
<input checked="" type="checkbox"/>	Fuel Heating Value Analysis
<input checked="" type="checkbox"/>	Fuel Flow Meter Calibration Certificate
<input type="checkbox"/>	Other: <input style="width: 80%;" type="text"/>
<input type="checkbox"/>	Other: <input style="width: 80%;" type="text"/>
TEST REPORT ATTACHMENTS	
<input type="checkbox"/>	Section 2. Tables of Results
<input type="checkbox"/>	Supporting Documents (Specify)
<b>Retain Report Section 3 - Test Procedures, Data, Calculations, Appendices – 2 years NSR permits, 5 years TV</b>	

IX. CERTIFICATION		
<p><b>This document has been prepared under my supervision and is accurate and complete to the best of my knowledge. I understand that acceptance of this protocol does not waive the requirements of any permit or regulation. I understand that any procedural errors or omissions are the sole responsibility of the permit holder.</b></p>		
Signature: <input style="width: 90%;" type="text"/>	Print Name and Title: <b>George Engineer</b>	Date: <b>12/1/2009</b>
Responsible Official for Title V? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (R.O signature not required for routine periodic testing)		