

KERN COUNTY APCD COMPLIANCE TEST REVIEW

Company: _____ Test Date(s) ___ / ___ / ___ to ___ / ___ / ___
 KCAPCD Permit Number: _____
 U.S. EPA Permit Number: _____
 Reason For Test: () Initial () Annual () U.S. EPA () Other: _____
 Source Description: _____
 Testing Company: _____ KCAPCD Observer: _____

KERN COUNTY COMPLIANCE				
POL.	(METHOD)	RESULT	(LIMIT)	RULE(S)
PM	()	() lb/hr	() gr/scf	
SO ₄	()	() lb/hr	() gr/scf	
SO ₂	()	() lb/hr	() ppm @ ___ % O ₂	
NO _x	()	() lb/hr	() ppm @ ___ % O ₂	
VOC	()	() lb/hr	() ppm @ ___ % O ₂	
CO	()	() lb/hr	() ppm @ ___ % O ₂	

U.S. EPA COMPLIANCE				
POL.	(METHOD)	RESULT	(LIMIT)	RULE(S)
PM	()	() lb/hr	() gr/scf	
SO ₄	()	() lb/hr	() gr/scf	
SO ₂	()	() lb/hr	() ppm @ ___ % O ₂	
NO _x	()	() lb/hr	() ppm @ ___ % O ₂	
VOC	()	() lb/hr	() ppm @ ___ % O ₂	
CO	()	() lb/hr	() ppm @ ___ % O ₂	

Fuel Sulfur () % () gr/100scf
 Source Operated at Maximum Capacity? () Yes () No; If No, what level? _____
 Test Protocol Followed? () Yes () No
 Comments: _____
 Is Enforcement Action Necessary? () Yes () No
 Reason for Enforcement Action: _____

 Test Report Reviewed By: _____ Date: _____