

South Coast Air Quality Management District

**CERTIFICATION OF NO EXCEPTIONS FOR TESTING
RECLAIM LARGE SOURCES**

(To be completed by responsible facility representative and included in source test report)

Facility ID: _____

Facility Name: _____

Equipment Address: _____

Equipment Tested: _____

Device ID: _____

- Standard Protocol Used:** **Furnace (SP-F-001)** **Heater (SP-H-001)**
 ICE (SP-ICE-001) **Boiler (SP-B-001)**
 Afterburner, Kiln, Oven, or Incinerator (SP-O-001)

I hereby certify that no exceptions were made to the source test methods as written in the above referenced standard protocol used to source test the above referenced equipment for compliance with Rules 2012.

Facility Representative _____ **Date** _____
(SIGNATURE)

(NAME)

(TITLE)