

TRANSFERRED TO:

Algonquin Gas Transmission, LLC
890 Winter Street, Suite 300
Waltham, MA 02451

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73

ENGINEER: SK DATE: 1/7/2010
STATE OF CONNECTICUT

DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 00431000501

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input checked="" type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input type="checkbox"/> PROCESS MFG.	<input type="checkbox"/> AIR POLLUTION CONTROL
FIRM NAME		DATE ISSUED	
ALGONQUIN GAS TRANSMISS		12/05/73	
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)		CROMWELL CT 06416	
P O BOX 105			
COMMISSIONER OR HIS REPRESENTATIVE			

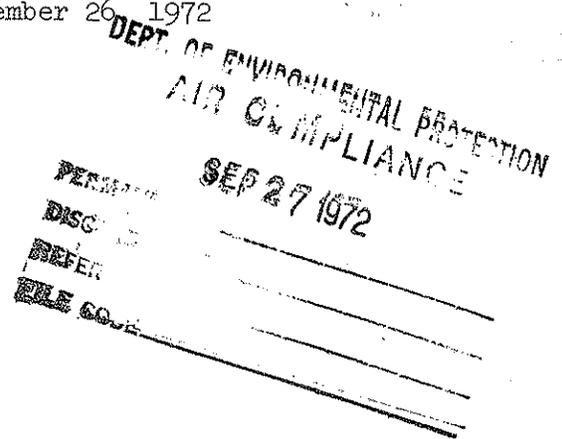
DEPARTMENT OF ENVIRONMENTAL PROTECTION

ALGONQUIN GAS TRANSMISSION COMPANY

1284 SOLDIERS FIELD ROAD • BOSTON, MASSACHUSETTS 02135

AREA CODE 617 - 254 - 4050

September 26, 1972



Department of Environmental Protection
Air Compliance Section
State Office Building
Hartford, Conn. 06115

Gentlemen:

Per your request of June 15, 1972, attached are six applications - Form EP-4, Fuel Burning Equipment Registration.

If additional information is required, please advise.

Very truly yours,

ALGONQUIN GAS TRANSMISSION COMPANY

T. D. Ray

T. D. Ray
Compression Engineer

TDR/jpa

Attachments

FUEL BURNING EQUIPMENT REGISTRATION

EP-4 NEW 5-72

TO: Department of Environmental Protection, Air Compliance Section, State Office Bldg., Hartford, Conn. 06115. Tel. 566-2690

STATE OF CONNECTICUT

43-05-11-01
T P R ST

1. APPLICATION NO.	2. STACK NO.
1	1

3. FIRM	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City, Zip Code)	PHONE
4. DIVISION	NA	1284 Soldiers Field Road Boston, Mass. 02135	617-254-4050
5. APPLICANT	Algonquin Gas Transmission Company	1284 Soldiers Field Road Boston, Mass. 02135	617-254-4050
6. INSTALLATION		Shunpike Road, (P. O. Box 105), Cromwell, Conn. 06416	203-346-6400
7. EQUIPMENT BEING REGISTERED	TYPE OF EQUIPMENT (e.g., Boiler) V-angle, two cycle, gas engine compressor	AIR POLLUTION CONTROL EQUIPMENT USED (If "Yes," file form EP-7) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

8. MAJOR ACTIVITY OF FIRM

MFG.
 OFFICE
 RETAIL OR WHLSE. STORE
 SCHOOL OR CHURCH
 HOTEL/MOTEL
 HOSPITAL OR LAB.
 WAREHOUSE
 RESIDENCE OR APTS.
 OTHER (Specify) **gas transmission line pumping station**

9. TYPES OF FUELS USED	FUEL	GRADES (x)	SULFUR CONTENT	ASH CONTENT	ANNUAL USAGE (Tons, Gals. or Cu. Ft.)	MAXIMUM FIRING RATE		SEASONAL USE			FUEL SUPPLIER		
						(Lbs., Gals., Cu. Ft./hr.)	(BTU/hr.)	Month	to	Month	Name	City or Town	
COAL	<input type="checkbox"/>	Bituminous	. %	. %									
		Anthracite	. %	. %									
	OIL	<input type="checkbox"/>	Kerosene	. %	. %								
			2	. %	. %								
			4	. %	. %								
			5	. %	. %								
		6	. %	. %									
	NAT. GAS	<input checked="" type="checkbox"/>			2,993,000*	14,187	14,400,000	11/15	3/15	Algonquin Gas. Trans.	Boston		
	OTHER	<input type="checkbox"/>			*based on 12 months fuel consumption ending 8/31/72								

10. BURNER EQUIPMENT

ARE OIL HEATERS USED? YES NO

OIL TEMPERATURE BEFORE INJECTION _____ °F

BURNER MANUFACTURER _____

BURNER MODEL No. _____

11. TYPE OF COAL BURNER

HAND FIRED
 UNDERFEED STOKER
 TRAVELING GRATE
 CHAIN GRATE
 SPREADER STOKER
 STOKER WITH GAS REINJECTION
 CYCLONE FURNACE
 PULVERIZED COAL
 OTHER (Specify)

12. TYPE OF OIL BURNER

PRESSURE OR GUN
 ROTARY CUP
 STEAM ATOMIZER
 AIR ATOMIZER
 TANGENTIALLY FIRED
 OTHER (Specify)

13. COMBUSTION

OVERFIRE AIR CONTROL YES NO

TYPE OF DRAFT FORCED INDUCED NATURAL

TIME SWITCHED
 SMOKE INDICATOR
 MANUAL
 OTHER (Specify)

14. POLLUTANTS EMITTED	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS	BREACHING GAS TEMPERATURE (°F) Est. - imate based on 500° known cylinder temps. DATE SOURCE STARTED UP		No. OF IDENTICAL UNITS
				NORMAL	MAXIMUM	
NO _x		5.72	Infrared Spectrophotometer			1
HC		.72	Dual Column Gas Chromatography			
CO		.12	Spectrophotometer			
Rates - NO _x 15.04 grams/BHp-Hr)				November 1958		
HC 1.90 grams/BHp-Hr) Rates taken from Cooper-Bes-				EXHAUST GAS FLOW RATE (ACFM): 9500 SCFM @ 29" Hg		
CO .32 grams/BHp-Hr) semer Co. Study number P-2136				OPERATING HOURS: HOURS PER DAY HOURS PER YEAR 173		

16. STACK INFORMATION

STACK EXIT DIRECTION HORIZ. VERT.

STACK EXIT DIMENSIONS I.D. 27 in. OR _____ in. X _____ in.

STACK HEIGHT (Feet) 40

IS STACK EQUIPPED WITH RAIN HAT? YES NO

SMOKE INDICATOR IN STACK YES NO

MAKE AND MODEL NO. _____

STACK LINING METAL REFRACTORY OTHER (Specify)

17. STACK LOCATION

Name of nearest intersecting street: Brook Street Rocky Hill, Conn.

Distance to stack from intersection: 1800 FT.

DIRECTION TO STACK: (Circle one) NE, E, SE, S, SW, W, NW

18. CERTIFICATION

I certify that I have examined the above information and that to the best of my knowledge it is true and complete. (Signature subjects signer to provisions of the General Statutes regarding false and misleading statements).

SIGNED: *R. J. Dunbar*
R. J. Dunbar

TITLE: Senior Vice President

DATE: 9-26-72

X 619800 Y 294,500

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCVD FROM APPLICANT. _____

DATE REVIEWED _____ BY _____

DATE COPY SENT TO LOCAL AGENCY _____ BY _____

REGISTRATION NUMBER 043-0011

PREMISE NO. 043-005

STACK NO. -1

STATE GRID CO-ORDINATES
 X 670,700
 Y 291,200

REGISTRATION CARD SENT Z-130 STORED ON COMPUTER

DATE / / BY / / BY / /

EMERGENCY STANDBY PLANS

PLAN REQUIRED YES NO

DATE PLAN - MANUAL SENT TO APPLICANT / / BY / /

DATE FORM RETURNED / / BY / /

DATE PLAN APPROVED / / BY / /

MAP NO. 39 X KM Y KM

AOCR NO. 42

NEDS: COUNTY NO. 0565 TOWN NO. 0170

SIC NO. _____ De. ft X 10

PROCESS CODE NO. _____ VELOCITY _____ fps

SCC I. D. _____ / _____ / _____ U. O. M. _____

Pollution Control Device	Part	CO _x	HC	NO _x	Description
Primary					
Secondary					

ALGONQUIN GAS TRANSMISSION COMPANY

1284 SOLDIERS FIELD ROAD

BOSTON, MASSACHUSETTS 02135

AREA CODE 617

254-4050

February 8, 1977

Mr. Joseph B. Ulevicus
Air Pollution Control
Department of Environmental Protection
Hartford, Connecticut 06115

Dear Mr. Ulevicus:

We enclose revised fuel burning equipment registration forms on the six gas engine compressors and heating boiler stacks located at our compressor station at Cromwell, CT.

The forms cover useage by this equipment for the 12 months' period ending December 31, 1976.

Please let me know if I can be of any assistance in this matter.

Very truly yours,

ALGONQUIN GAS TRANSMISSION COMPANY



F. P. Jackson
Manager/Compression Department

FPJ/lrp

Enclosures

637-20

FUEL BURNING EQUIPMENT REGISTRATION

STATE OF CONNECTICUT

APP. # 1 → 6 Revised

EPAC-4 Rev. 2/73

TO: Department of Environmental Protection, Air Compliance Section, State Office Bldg., Hartford, Conn. 06115. Tel. 566-2690

1. APPLICATION NO. 1 Rev.	2. STACK NO. 1
PHONE 617-254-4050	
617-254-4050	
203-635-0800	

3. FIRM	LEGAL NAME ALGONQUIN GAS TRANSMISSION COMPANY	BUSINESS ADDRESS (No. & Street, City, Zip Code) 1284 SOLDIERS FIELD ROAD, BOSTON, MA 02135	PHONE 617-254-4050
4. DIVISION			
5. APPLICANT	ALGONQUIN GAS TRANSMISSION COMPANY	1284 SOLDIERS FIELD ROAD, BOSTON, MA 02135	617-254-4050
6. INSTALLATION		SHUNPIKE ROAD, CROMWELL, CT 06416	203-635-0800
7. EQUIPMENT BEING REGISTERED	TYPE OF EQUIPMENT (e.g., Boiler) cooper-Bessemer V-ANGLE, TWO CYCLE, GAS ENGINE COMPRESSOR	AIR POLLUTION CONTROL EQUIPMENT USED (if "Yes," file Form EP-7) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

8. MAJOR ACTIVITY OF FIRM

MFG. OFFICE RETAIL OR WHLSE. STORE SCHOOL OR CHURCH HOTEL/MOTEL HOSPITAL OR LAB. WAREHOUSE RESIDENCE OR APTS. OTHER (Specify) PUMP STATION GAS TRANSMISSION LINE

9. TYPES OF FUELS USED	FUEL	GRADES (x)	SULFUR CONTENT	ASH CONTENT	ANNUAL USAGE (Tons, Gals. or Cu. Ft.)	MAXIMUM FIRING RATE		SEASONAL USE			FUEL SUPPLIER		
						(Lbs., Gals., Cu. Ft./hr.)	(BTU/hr.)	Month	to	Month	Name	City or Town	
COAL <input type="checkbox"/>	Bituminous		%	%		BASED ON							
		Anthracite	%	%		1010 BTU/CF							
	OIL <input type="checkbox"/>	Kerosene	%	%		HEATING							
		2	%	%		VALUE							
		4	%	%									
		5	%	%									
NAT. GAS <input checked="" type="checkbox"/>					652,000*	14,258	14,400,000	NOV		MARCH	ALGONQUIN GAS TRANS. CO./BOSTON		
OTHER <input type="checkbox"/>					*12 MOS. ENDED 12/31/76								

10. BURNER EQUIPMENT

ARE OIL HEATERS USED? YES NO

OIL TEMPERATURE BEFORE INJECTION °F

BURNER MANUFACTURER

BURNER MODEL No.

11. TYPE OF COAL BURNER

HAND FIRED UNDERFEED STOKER TRAVELING GRATE CHAIN GRATE SPREADER STOKER STOKER WITH GAS REINJECTION CYCLONE FURNACE PULVERIZED COAL OTHER (Specify)

12. TYPE OF OIL BURNER

PRESSURE OR GUN ROTARY CUP STEAM ATOMIZER AIR ATOMIZER TANGENTIALLY FIRED OTHER (Specify)

13. COMBUSTION

OVERFIRE AIR CONTROL YES NO

TYPE OF DRAFT FORCED INDUCED NATURAL

TYPE TIME SWITCHED SMOKE INDICATOR MANUAL OTHER (Specify)

14. POLLUTANTS EMITTED	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS	15. EQUIPMENT INFORMATION	BREACHING GAS TEMPERATURE (°F) EST.	No. OF IDENTICAL UNITS
					BASED ON 500°F CYL. TEMP.	1
	OXIDES OF NITROGEN (NOx)	0.83	CHEMILUMINESCENT ANALYZER			
	HYDROCARBONS (HC)	0.33	FLAME IONIZATION DETECTOR			
	CARBON MONOXIDE (CO)	0.95	NON-DISPERSIVE INFRARED			
	RATES: NOx - 2.520 Lbs/MMBtu					
	HC - 1.018 Lbs/MMBtu					
	CO - 0.135 Lbs/MMBtu					
	RATES FROM ACA EXHAUST EMISSIONS STUDY DATED JANUARY, 1974.					
	DATE SOURCE STARTED UP					
	NOVEMBER, 1958					
	EXHAUST GAS FLOW RATE (ACFM):	NORMAL 9500 SCFM @ and 800°F		MAXIMUM 29" HG		
	OPERATING HOURS:	HOURS PER DAY		HOURS PER YEAR	64	

16. STACK INFORMATION

STACK EXIT DIRECTION HORIZ. VERT.

STACK EXIT DIMENSIONS I.D. 27 in. OR in. X in.

STACK HEIGHT (feet) 40

IS STACK EQUIPPED WITH RAIN HAT? YES NO

SMOKE INDICATOR IN STACK YES NO

MAKE AND MODEL NO.

STACK LINING METAL REFRACTORY OTHER (Specify)

17. STACK LOCATION

Name of nearest intersecting street: BROOK ST., ROCKY HILL, CT

Distance to stack from intersection: 1800 FT.

DIRECTION TO STACK: (Circle one) N, NE, E, SE, SW, W, NW

18. CERTIFICATION

I certify that I have examined the above information and that to the best of my knowledge it is true and complete. (Signature subjects signer to provisions of the General Statutes regarding false and misleading statements).

SIGNED: Frank P. Jackson

TITLE: Mgr., Compression Dept.

DATE: 2/4/77

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCVD FROM APPLICANT 02/17/11 BY [Signature]

DATE REVIEWED 10/1/11 BY [Signature]

DATE COPY SENT TO LOCAL AGENCY 10/1/11 BY [Signature]

REGISTRATION NUMBER 011

PREMISE NO. 043-005

STACK NO. 01

STATE GRID CO-ORDINATES

X 620700

Y 291200

REGISTRATION CARD SENT 2=130

AND STORED ON COMPUTER

DATE 10/1/11 BY [Signature]

EMERGENCY STANDBY PLANS

PLAN REQUIRED YES NO

DATE PLAN - MANUAL SENT TO APPLICANT 10/1/11 BY [Signature]

DATE FORM RETURNED 10/1/11 BY [Signature]

DATE PLAN APPROVED 10/1/11 BY [Signature]

COPI

[Handwritten signature]