

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 00431000502

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input checked="" type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input type="checkbox"/> PROCESS MFG.	00430012
FIRM NAME		<input type="checkbox"/> AIR POLLUTION CONTROL	DATE ISSUED
ALGONQUIN GAS TRANSMISS		SHUNPIKE ROAD	12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)			
P O BOX 105			CROMWELL CT 06416
COMMISSIONER OR HIS REPRESENTATIVE			

DEPARTMENT OF ENVIRONMENTAL PROTECTION

TRANSFERRED TO:

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

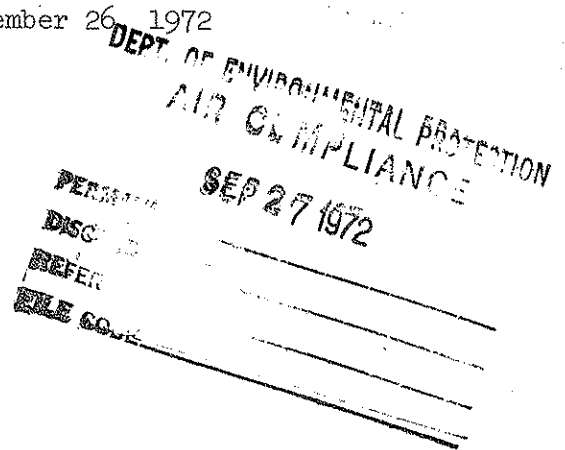
ENGINEER: SK DATE: 1/7/2010

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

TDR

T. D. Ray
Compression Engineer

TDR/jpa

Attachments

FUEL BURNING EQUIPMENT REGISTRATION

EP-3 NEW 5-72

STATE OF CONNECTICUT

Calhoun

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

1. APPLICATION NO. 2	2. STACK NO. 2
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3. FIRM	LEGAL NAME Algonquin Gas Transmission Company	BUSINESS ADDRESS (No. & Street, City, Zip Code) 1284 Soldiers Field Road Boston, Mass. 02135	PHONE 617-254-4050
4. DIVISION	NA		
5. APPLICANT	Algonquin Gas Transmission Company		1284 Soldiers Field Road Boston, Mass. 02135 617-254-4050
6. INSTALLATION	Shumpike 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	<input type="checkbox"/> MFG. <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL OR WHLSE. STORE <input type="checkbox"/> SCHOOL OR CHURCH <input type="checkbox"/> HOTEL/MOTEL <input type="checkbox"/> HOSPITAL OR LAB. <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> RESIDENCE OR APTS. <input checked="" type="checkbox"/> 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	.	%	.	%	Maximum Firing Rate based on 1015 BTU/cu ft. heating value								
							2	.					%	.	%
							4	.					%	.	%
							5	.					%	.	%
NAT. GAS <input checked="" type="checkbox"/>					3,010,000	14,187	14,400,000	11/15	3/15	Algonquin Gas Trans.	Boston				

10. BURNER EQUIPMENT	ARE OIL HEATERS USED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	OIL TEMPERATURE BEFORE INJECTION °F	BURNER MANUFACTURER	BURNER MODEL No.
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11. TYPE OF COAL BURNER	<input type="checkbox"/> HAND FIRED	<input type="checkbox"/> UNDERFEED STOKER	<input type="checkbox"/> TRAVELING GRATE	<input type="checkbox"/> CHAIN GRATE	<input type="checkbox"/> SPREADER STOKER	<input type="checkbox"/> STOKER WITH GAS REINJECTION	<input type="checkbox"/> CYCLONE FURNACE	<input type="checkbox"/> PULVERIZED COAL	<input type="checkbox"/> OTHER (Specify)
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12. TYPE OF OIL BURNER	<input type="checkbox"/> PRESSURE OR GUN	<input type="checkbox"/> ROTARY CUP	<input type="checkbox"/> STEAM ATOMIZER	<input type="checkbox"/> AIR ATOMIZER	<input type="checkbox"/> TANGENTIALLY FIRED	<input type="checkbox"/> OTHER (Specify)
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13. COMBUSTION	OVERFIRE AIR CONTROL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	°F	TYPE <input type="checkbox"/> TIME SWITCHED <input type="checkbox"/> SMOKE INDICATOR <input type="checkbox"/> MANUAL <input type="checkbox"/> OTHER (Specify)	TYPE OF DRAFT <input type="checkbox"/> FORCED <input type="checkbox"/> INDUCED <input type="checkbox"/> NATURAL
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14. POLLUTANTS EMITTED	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS	15. EQUIPMENT INFORMATION	BREACHING GAS TEMPERATURE (°F)		No. OF IDENTICAL UNITS
					Estimate based on 500° known cylinder temps.	1	
NO _x		5.75	Infrared Spectrophotometer		November 1958		
HC		.73	Dual Column Gas Chromatograph				
CO		.12	Spectrophotometer				
Rates - NO _x 15.04 grams/BHp-Hr)							
HC 1.90 grams/BHp-Hr)			Rates taken from Cooper-Bes-	EXHAUST GAS FLOW RATE (ACFM):		NORMAL 9500 SCFM @ 29" Hg and 80° F	MAXIMUM
CO .32 grams/BHp-Hr)			semer Co. Study number P-2136	OPERATING HOURS:		HOURS PER DAY	HOURS PER YEAR 174

16. STACK INFORMATION	STACK EXIT DIRECTION <input type="checkbox"/> HORIZ. <input checked="" type="checkbox"/> VERT.	STACK EXIT DIMENSIONS I.D. 27 in. OR in. X in.	STACK HEIGHT (feet) 40	IS STACK EQUIPPED WITH RAIN HAT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	SMOKE INDICATOR IN STACK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAKE AND MODEL NO.	STACK LINING <input checked="" type="checkbox"/> METAL <input type="checkbox"/> REFRACTORY <input type="checkbox"/> 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) <input checked="" type="radio"/> N, <input type="radio"/> NE, <input type="radio"/> E, <input type="radio"/> SE, <input type="radio"/> S, <input type="radio"/> SW, <input type="radio"/> W, <input type="radio"/> NW
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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 <i>R. J. Dunbar</i> R. J. Dunbar	TITLE Senior Vice President	DATE 9-26-72
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MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCY'D FROM APPLICANT _____

DATE REVIEWED 10/20/80 BY _____

DATE COPY SENT TO LOCAL AGENCY _____ BY _____

REGISTRATION NUMBER 043-0012

PREMISE NO. 043-005

STACK NO. -2

STATE GRID CO-ORDINATES

X 620700

Y 291200

REGISTRATION CARD SENT 7-290

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

AQCR NO. 42

NEDS: COUNTY NO. 0565

SIC NO. _____

PROCESS CODE NO. _____

SCC I.D. _____

Y _____ KM

TOWN NO. 0170

De _____ ft X 10

VELOCITY _____ fps

U.C.M. _____

Pollution Control Device

Primary

Secondary

Part	SO2	HC	NOx	Description

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

3-12-20

FUEL BURNING EQUIPMENT REGISTRATION

STATE OF CONNECTICUT

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. 2 Rev.	2. STACK NO. 2
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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) V-ANGLE, TWO CYCLE, GAS ENGINE COMPRESSOR	Cooper Bessemer 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	<input type="checkbox"/> MFG. <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL OR WHLSE. STORE <input type="checkbox"/> SCHOOL OR CHURCH <input type="checkbox"/> HOTEL/MOTEL <input type="checkbox"/> HOSPITAL OR LAB. <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> RESIDENCE OR APTS. <input checked="" type="checkbox"/> OTHER GAS TRANS. LINE (Specify) PUMP 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
<input type="checkbox"/>	COAL	Bituminous	. %	. %	612,000*	14,258	14,400,000	NOV	MARCH	ALGONQUIN GAS TRANS. CO./	BOSTON	
		Anthracite	. %	. %								
	OIL	Kerosene	. %	. %								
		2	. %	. %								
		4	. %	. %								
		5	. %	. %								
NAT. GAS	<input checked="" type="checkbox"/>											
OTHER	<input type="checkbox"/>											

10. BURNER EQUIPMENT	ARE OIL HEATERS USED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	OIL TEMPERATURE BEFORE INJECTION °F	BURNER MANUFACTURER	BURNER MODEL No.
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11. TYPE OF COAL BURNER	<input type="checkbox"/> HAND FIRED <input type="checkbox"/> UNDERFEED STOKER <input type="checkbox"/> TRAVELING GRATE <input type="checkbox"/> CHAIN GRATE <input type="checkbox"/> SPREADER STOKER <input type="checkbox"/> STOKER WITH GAS REINJECTION <input type="checkbox"/> CYCLONE FURNACE <input type="checkbox"/> PULVERIZED COAL <input type="checkbox"/> OTHER (Specify)
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12. TYPE OF OIL BURNER	<input type="checkbox"/> PRESSURE OR GUN <input type="checkbox"/> ROTARY CUP <input type="checkbox"/> STEAM ATOMIZER <input type="checkbox"/> AIR ATOMIZER <input type="checkbox"/> TANGENTIALLY FIRED <input type="checkbox"/> OTHER (Specify)
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13. COMBUSTION	OVERFIRE AIR CONTROL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE <input type="checkbox"/> TIME SWITCHED <input type="checkbox"/> SMOKE INDICATOR <input type="checkbox"/> MANUAL <input type="checkbox"/> OTHER (Specify)	TYPE OF DRAFT <input type="checkbox"/> FORCED <input type="checkbox"/> INDUCED <input type="checkbox"/> NATURAL
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14. POLLUTANTS EMITTED	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS	15. EQUIPMENT INFORMATION	
				BREACHING GAS TEMPERATURE (°F) EST. BASED ON 500°F CYL. TEMP.	No. OF IDENTICAL UNITS
	OXIDES OF NITROGEN (NOx)	0.78	CHEMILUMINESCENT ANALYZER		1
	HYDROCARBONS (HC)	0.32	FLAME IONIZATION DETECTOR		
	CARBON MONOXIDE (CO)	0.04	NON-DISPERSIVE INFRARED		
RATES: NOx - 2.520 Lbs/MMBtu) RATES FROM IAGA EXHAUST				DATE SOURCE STARTED UP NOVEMBER, 1958	
HC - 1.018 Lbs/MMBtu) EMISSIONS STUDY DATED				EXHAUST GAS FLOW RATE (ACFM): 9500 SCFM @ 29" HG and 80°F	
CO - 0.135 Lbs/MMBtu) JANUARY, 1974				OPERATING HOURS: HOURS PER DAY _____ HOURS PER YEAR 60	

16. STACK INFORMATION	STACK EXIT DIRECTION <input type="checkbox"/> HORIZ. <input checked="" type="checkbox"/> VERT.	STACK EXIT DIMENSIONS I.D. 27 in. OR _____ in. X _____ in.	STACK HEIGHT (Feet) 40	IS STACK EQUIPPED WITH RAIN HAT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	SMOKE INDICATOR IN STACK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAKE AND MODEL NO.	STACK LINING <input checked="" type="checkbox"/> METAL <input type="checkbox"/> REFRACTORY <input type="checkbox"/> 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, S, SW, W, NW
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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 <i>Frank P. Jackson</i>	TITLE Mgr., Compression Dept.	DATE 2/4/77
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MAIN FILE