

TRANSFERRED TO:

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

ENGINEER: SK DATE: 1/7/2010

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 00431000503

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input checked="" type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input type="checkbox"/> PROCESS MFG.	00430013
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

ALGONQUIN GAS TRANSMISSION COMPANY

1284 SOLDIERS FIELD ROAD • BOSTON, MASSACHUSETTS 02135

AREA CODE 617 - 254 - 4050

September 26, 1972

DEPT. OF ENVIRONMENTAL PROTECTION
AIR COMPLIANCE

SEP 27 1972

PERMANENT _____
DISC _____
REFER _____
FILE CO. _____

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

TDRay

T. D. Ray
Compression Engineer

TDR/jpa

Attachments

FUEL BURNING EQUIPMENT REGISTRATION

EP-4 NEW 5-72

43-05-13-03
T P R ST

STATE OF CONNECTICUT

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

1. APPLICATION NO. 3	2. STACK NO. 3
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3. FIRM 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 TYPE OF EQUIPMENT (e.g., Boiler) V-angle, two cycle, gas engine compressor		Shunpike Road, P.O. Box 105, Cromwell, Conn. 06416		203-346-6400
7. EQUIPMENT BEING REGISTERED		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 OTHER 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											
NAT. GAS <input checked="" type="checkbox"/>				2,785,000	14,187	14,400,000	11/15	3/15		Algonquin Gas Trans.	Boston		
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	EQUIPMENT INFORMATION	
				DATE SOURCE STARTED UP	No. OF IDENTICAL UNITS
NO _x		5.32	Infrared Spectrophotometer	October 1959	1
HC		.67	Dual Column Gas Chromatograph		
CO		.11	Spectrophotometer		
Rates NO _x 15.04 grams/BHp-Hr HC _x 1.90 grams/BHp-Hr CO .32 grams/BHp-Hr				BREACHING GAS TEMPERATURE (°F) Estimate based on 500° known cylinder temps. EXHAUST GAS FLOW RATE (ACFM): NORMAL 9500 SCFM @ 29" Hg and 80° F OPERATING HOURS: HOURS PER DAY HOURS PER YEAR 161	
Rates taken from Cooper-Bes-semer Co. Study number P-2136					

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) 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>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 RCV'D FROM APPLICANT. _____

DATE REVIEWED _____ BY _____

DATE COPY SENT TO LOCAL AGENCY _____ BY _____

REGISTRATION NUMBER 043-0013

PREMISE NO. 043-005

STACK NO. -3

STATE GRID CO-ORDINATES

X 620700

Y 291,200

REGISTRATION CARD SENT 2-130

STORED ON COMPUTER

DATE / / BY / /

EMERGENCY STANDBY PLANS

PLAN REQUIRED YES NO

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

DATE FORM RETURNED / / BY / /

DATE PLAN APPROVED / /

MAP NO. X KM Y KM

AOCR NO. 42

NEDS: COUNTY NO. 0565

TOWN NO. 0170

SIC NO. _____

De _____ ft X 10'

PROCESS CODE NO. _____

VELOCITY 01 fps

SOCC I.D. / / / /

U, O. M.

Pollution Control Device	Part	SO ₂	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

6-11-77

FUEL BURNING EQUIPMENT REGISTRATION

STATE OF CONNECTICUT

EPA-4 Rev. 2/73

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

1. APPLICATION NO. 3 Rev.	2. STACK NO. 3
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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) 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 GAS TRANS. LINE PUMP STATION (Specify)

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		%	%	652,000*	14,258	14,400,000	NOV	MARCH	ALGONQUIN GAS TRANS. CO./BOSTON			
		Anthracite	%	%									
	OIL <input type="checkbox"/>	Kerosene	2	%									%
			4	%									%
			5	%									%
			6	%									%
NAT. GAS <input checked="" 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

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)	0.83	CHEMILUMINESCENT ANALYZER		1
	HYDROCARBONS (HC)	0.33	FLAME IONIZATION DETECTOR		
	CARBON MONOXIDE (CO)	0.05	NON-DISPERSIVE INFRARED		
RATES: NOx - 2.520 Lbs/MMBtu RATES FROM AGA EXHAUST				DATE SOURCE STARTED UP: NOVEMBER, 1959	
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: 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, **(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: *Frank P. Jackson* DATE: **2/4/77**

TITLE: **Mgr., Compression Dept.**

MAIN FILE