

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 00431000504

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input checked="" type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input type="checkbox"/> PROCESS MFG.	00430014
FIRM NAME			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
690 Winter Street, Suite 300
Waltham, MA 02451

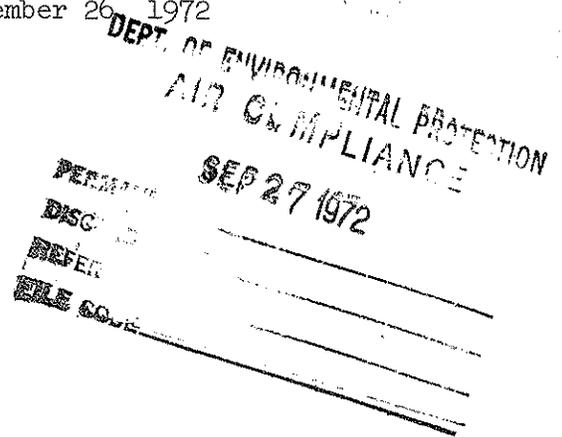
ENGINEER: SK DATE: 1/7/2010

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

TDRay

T. D. Ray
Compression Engineer

TDR/jpa

Attachments

FUEL BURNING EQUIPMENT REGISTRATION

EP-4 NEW -72

43-05-14-04
T P R 57

STATE OF CONNECTICUT

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

1. APPLICATION NO. 4	2. STACK NO. 4
PHONE	

3. FIRM	LEGAL NAME Algonquin Gas Transmission Company	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		. %	. %								
NAT. GAS <input checked="" type="checkbox"/>				2,266,000	14,187	14,400,000	11/15		3/15	Algonquin Gas Trans.	Boston		
	OTHER <input type="checkbox"/>												

10. BURNER EQUIPMENT

ARE OIL HEATERS USED? 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	EQUIPMENT INFORMATION	BREACHING GAS TEMPERATURE (°F)	No. OF IDENTICAL UNITS
	NO _x		4.33		Infrared Spectrophotometer	
HC		.54	Dual Column Gas Chromatography			
CO		.09	Spectrophotometer			
Rates-NO _x 15.04 grams/BHp-Hr)						
HC 1.90 grams/BHp-Hr) Rates taken from Cooper-Bes-						
CO .32 grams/BHp-Hr) semer Co. Study number P-2136						

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) 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 R. J. Dunbar

TITLE Senior Vice President

DATE 9-26-72

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCV'D FROM APPLICANT: _____ BY _____

DATE REVIEWED: _____ BY _____

DATE COPY SENT TO LOCAL AGENCY: _____ BY _____

REGISTRATION NUMBER 043-0014

PREMISE NO. 043-005

STACK NO. -4

STATE GRID CO-ORDINATES
 X 620,700
 Y 291,200

REGISTRATION CARD SENT Z=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. 39 **X** _____ KM **Y** _____ KM 18

AOCR NO. 42

NEDS: COUNTY NO. 0565 TOWN NO. 0170

SIC NO. _____ Do _____ ft X 10

PROCESS CODE NO. _____ VELOCITY _____ fps

SCC 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

637-20

I. BURNING EQUIPMENT REGISTRATION

AC-4 Rev. 2/73

STATE OF CONNECTICUT

1. APPLICATION NO. 4 REV.	2. STACK NO. 4
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TO: Department of Environmental Protection, Air Compliance Section, State Office Bldg., Hartford, Conn. 06115. Tel. 566-2690

3. FIRM	LEGAL NAME ALGONQUIN GAS TRANSMISSION COMPANY	BUSINESS ADDRESS (No. & Street, City, Zip Code) 1284 SOLDIERS FIELD ROAD, BOSTON, MA 02135	PHONE 254-4050 (617)
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 (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	
COAL <input type="checkbox"/>	Bituminous		%	%	622,000*	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"/>													
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

TIME SWITCHED
 SMOKE INDICATOR
 MANUAL
 OTHER (Specify) _____

14. POLLUTANTS EMITTED	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS	5. EQUIPMENT INFORMATION	
				BREACHING GAS TEMPERATURE (°F) EST. BASED ON 500°F CYL. TEMP.	No. OF IDENTICAL UNITS
	OXIDES OF NITROGEN (NOx)	0.79	CHEMILUMINESCENT ANALYZER		1
	HYDROCARBONS (HC)	0.32	FLAME IONIZATION DETECTOR		
	CARBON MONOXIDE (CO)	0.04	NON-DISPERSIVE INFRARED		
RATES: NOx - 2.520 Lbs/MMBtu				DATE SOURCE STARTED UP: NOVEMBER, 1959	
HC - 1.018 Lbs/MMBtu				EXHAUST GAS FLOW RATE (ACFM): NORMAL 9500 SCFM @ 29" HG and 80°F	
CO - 0.135 Lbs/MMBtu				OPERATING HOURS: HOURS PER DAY _____ HOURS PER YEAR 61	
RATES FROM AGA EXHAUST EMISSIONS STUDY DATED JANUARY, 1974					

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 **(S)**

18. CERTIFICATION

I certify that I have examined the above information and that to the best of my knowledge it is true and complete. (Signatures subject 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