

TRANSFERRED TO:

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

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION

ENGINEER: SK DATE: 1/7/2010



STACK NO. 00431000505

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input checked="" type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input type="checkbox"/> PROCESS MFG.	00430015
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			

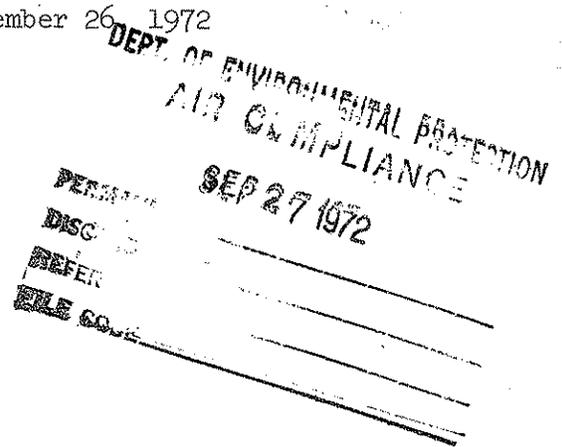
DEPARTMENT OF ENVIRONMENTAL PROTECTION

ALGONQUIN GAS TRANSMISSION COMPANY

1284 SOLDIERS FIELD ROAD • BOSTON, MASSACHUSETTS 02135

AREA CODE 617 - 254 - 4050

September 26, 1972



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

STATE OF CONNECTICUT

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

1. APPLICATION NO. 5	2. STACK NO. 5
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3. FIRM Algonquin Gas Transmission Company	LEGAL NAME	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		Shunpike Road, P.O. Box 105, Cromwell, Conn. 06416	203-346-6400
7. EQUIPMENT BEING REGISTERED V-angle, two cycle, gas engine compressor	TYPE OF EQUIPMENT (e.g., Boiler)	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 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"/>					3,633,000	14,187	14,400,000	11/15	3/15		Algonquin Gas Trans.	Boston	

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 _____ °F

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) Estimate based on 500° known cylinder temps.	No. OF IDENTICAL UNITS
NO _x		6.94	Infrared Spectrophotometer		1
HC		.88	Dual Column Gas Chromatograph		
CO		.15	Spectrophotometer		
Rates-NO _x 15.04 grams/BHp-Hr)				DATE SOURCE STARTED UP November 1962	
HC 1.90 grams/BHp-Hr) Rates taken from Cooper-Bes-				EXHAUST GAS FLOW RATE (ACFM): 9500 SCFM @ 29" Hg and 800 F	
CO .32 grams/BHp-Hr) semer Co. Study number P-2136				OPERATING HOURS: HOURS PER DAY _____ HOURS PER YEAR 210	

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*
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 _____

DATE REVIEWED: Jan 15 BY _____

DATE COPY SENT TO LOCAL AGENCY: 1/15 BY _____

REGISTRATION NUMBER 043-0015

PREMISE NO. 043-005

STACK NO. -5

STATE GRID CO-ORDINATES

X 620,700

Y 291,200

REGISTRATION CARD SENT Z=130

NO STORED ON COMPUTER

DATE 1/15

BY _____

BY _____

EMERGENCY STANDBY PLANS

PLAN REQUIRED YES NO

DATE PLAN - MANUAL SENT TO APPLICANT 1/15

BY _____

DATE FORM RETURNED 1/15

BY _____

DATE PLAN APPROVED 1/15

MAP NO. 39 X KM Y KM 18

AOCR NO. 42

NEDS: COUNTY NO. 0565

TOWN NO. 0170

SIC NO. _____

De 11 X 10

PROCESS CODE NO. _____

VELOCITY _____ fps

SCC I.D. 1/15

U. O. M. _____

Pollution Control Device
Primary
Secondary

Part	SO ₂	HC	NO _x

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

67-20

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. 5 Rev.	2. STACK NO. 5
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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	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	.	.		(BASED ON						
		Anthracite	.	.		1010 BTU/CF						
OIL	<input type="checkbox"/>	Kerosene	.	.		HEATING						
		2	.	.		VALUE)						
		4	.	.								
		5	.	.								
NAT. GAS	<input checked="" type="checkbox"/>				612,000*	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?
 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
 TIME SWITCHED
 SMOKE INDICATOR
 MANUAL
 OTHER (Specify)
 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.	No. OF IDENTICAL UNITS
		OXIDES OF NITROGEN (NO _x)	0.78		CHEMILUMINESCENT ANALYZER	BASED ON 500° CYL TEMP
	HYDROCARBONS (HC)	0.32	FLAME IONIZATION DETECTOR	DATE SOURCE STARTED UP		
	CARBON MONOXIDE (CO)	0.04	NON-DISPERSIVE INFRARED	NOVEMBER, 1962		
	RATES: NO _x - 2.520 Lbs/MMBtu) RATES FROM AGA EXHAUST			EXHAUST GAS FLOW RATE (ACFM):	NORMAL 9500 SCFM @ 29" HG	MAXIMUM 29" HG
	HC - 1.018 Lbs/MMBtu) EMISSIONS STUDY DATED			OPERATING HOURS:	and 800F HOURS PER DAY	HOURS PER YEAR 60
	CO - 0.135 Lbs/MMBtu) 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
 MAKE AND MODEL NO.
 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