



ENERGY TRANSFER PARTNERS

Transwestern Pipeline Company

February 10, 2010

UPS Tracking No. 1Z 475 525 03 4600 4381

Ms. Alice Cone
TCEQ Region 7 Midland
3300 North A St., Bldg. 4, Ste. 107
Midland, TX 79705-5404

RECEIVED
JUN 18 2010
TCEQ
CENTRAL FILE ROOM

Re: Transwestern Pipeline Company, Keystone Compressor Station, Account No.
WM-0015-M, Permit No. O-00227, Semiannual Certification, RN 100244227,
CN600317994

Dear Ms. Cone:

Transwestern Pipeline Company is submitting the attached semiannual certification for the site referenced above. The certification period is defined as August 8, 2009 to February 7, 2010. During this semiannual compliance period there were three (3) deviations which occurred at the facility pertaining to releases of natural gas from non maintenance activities.

If you have any questions regarding this submittal, please contact the undersigned at our Roswell Technical Operations office at (575) 625-8022.

Sincerely,

Larry Campbell
Division Environmental Specialist

RECEIVED

FEB 25 2010

Field Operations
Support Division

cc: West Texas Team
envisions file no. 203.3.70
TCEQ, 12124 Park 35 Circle, Bldg E, MC 171, Austin, TX 78763
UPS Tracking No.

6381 N. Main
Roswell, NM 88201

AIR CO/REPORTS 2/10/2010
1st: WM0015M 2nd: Vol: 001

BBC: 100041418

IBC: 100283017





Form OP-CRO1
Certification by Responsible Official
Federal Operating Permit Program

All initial permit application, revision, renewal, and reopening submittals requiring certification must be addressed using this form. Updates to site operating permit (SOP) and temporary operating permit (TOP) applications, other than public notice verification materials, must be certified prior to authorization of public notice or start of public announcement. Updates to general operating permit (GOP) applications must be certified prior to receiving an authorization to operate under a GOP.

| | | |
|--|---|--------------------------------|
| I. IDENTIFYING INFORMATION | | |
| A. RN:100244227 | B. CN:600317994 | C. Account No.:WM-0015-M |
| D. Permit No.:00227: | E. Project No.: | |
| F. Area Name: Keystone Compressor Station | | |
| G. Company Name: Transwestern Pipeline Company | | |
| II. CERTIFICATION TYPE (Please mark the appropriate box) | | |
| A. <input checked="" type="checkbox"/> Responsible Official: | B. <input type="checkbox"/> Duly Authorized Representative: | |
| III. SUBMITTAL TYPE (Place an "X" in the appropriate box) (Only one response can be accepted per form) | | |
| <input type="checkbox"/> SOP/TOP Initial Permit Application | <input type="checkbox"/> Update to Permit Application | |
| <input type="checkbox"/> GOP Initial Permit Application | <input type="checkbox"/> Permit Revision, Renewal, or Reopening | |
| X Other: <u>Semiannual Certification</u> | | |
| IV. CERTIFICATION OF TRUTH | | |
| This certification does not extend to information which is designated by the TCEQ as information for reference only. | | |
| I, <u>Robert Truesdell</u> , certify that I am the <u>RO</u> for this application (Certifier Name printed or typed) (RO or DAR) | | |
| and that, based on information and belief formed after reasonable inquiry, the statements and information dated during the time period in Section IV.A below, or on the specific date(s) in Section IV.B below, are true, accurate, and complete: | | |
| Note: Enter EITHER a Time Period OR Specific Date(s) for each certification. This section must be completed. The certification is not valid without documentation date(s). | | |
| A. Time Period: From <u>08-08-2009</u> to <u>02-07-2010</u> Start Date* End Date* | | |
| OR | | |
| B. Specific Dates: _____ Date 1* Date 2* Date 3* Date 4* Date 5* Date 6* Date 7* Date 8* | | |
| *The Time Period option may only be used when the "Submittal Type" is 'Update to Permit Application' and there are multiple uncertified submittals; or a submittal package has multiple dates recorded in the documentation. Do not use the Time Period option if the "Submittal Type" is 'Other.' | | |
| Signature: <u>[Signature]</u> | | Signature Date: <u>2-17-10</u> |
| Title: <u>Director of Operations</u> | | |



**Texas Commission on Environmental Quality
Federal Operating Permit Form
Permit Compliance Certification – PCC (Part 1)**

| | | | |
|--|-------------------------------|------------------------------|-------------|
| Permit Holder Name | Transwestern Pipeline Company | Customer Number | CN600317994 |
| Area Name | Keystone Compressor Station | Account Number | WM0015-M |
| Operating Permit Number | O - 00227 | Report Submittal Date | |
| Certification Period Start Date | 8/8/2009 | End Date | 2/7/2010 |

| I. Certification of Continuous Compliance with Permit Terms and Conditions (Indicate response by placing a 'x' in the appropriate column for each of the following questions) | Response: | |
|--|-------------------------------------|--------------------------|
| | Yes | No |
| With the possible exception of those permit terms and conditions identified in the 'Summary of Deviations' found using, at a minimum, but not limited to, the continuous or intermittent compliance method data from monitoring, recordkeeping, reporting, or testing required by the permit and any other credible evidence or information, was the permit holder in continuous compliance with all the terms and conditions of the permit over the Certification Period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| II. Summary of Deviations (Indicate response by placing a 'x' in the appropriate column for each of the following questions) | Response: | |
|---|-------------------------------------|-------------------------------------|
| | Yes | No |
| <p>A. Were there any deviations from any permit requirements during the Certification Period that have <i>previously</i> been reported to the agency?</p> <p>If the answer to this question is 'Yes', please complete and attach Part 2 to this submittal.</p> <p><i>Important Note:</i> If previously submitted reports did not contain specific information on monitoring methods, frequency and the total number of deviations experienced over the entire certification period, then use form DevRep to provide that information.</p> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <p>B. Were there any deviations from any terms or conditions of the permit during the Certification Period that are <i>currently</i> being submitted to the agency?</p> <p>If the answer to this question is 'Yes', please include the relevant reports along with this page.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



Texas Commission on Environmental Quality
Federal Operating Permit Deviation Report Form
Form Dev Rep (Part 1)

| | | | | | | | |
|---------------------------------|-------------------------------|-------------------------------|------------|--------------------------------|------------------------|------------------------------|--|
| Permit Holder Name | Transwestern Pipeline Company | | | | Customer Number | CN600317994 | |
| Area Name | Keystone Compressor Station | | | | Account Number | WM0015-M | |
| Report Period Start Date | 08-08-2009 | Report Period End Date | 02-07-2010 | Operating Permit Number | O-00227 | Report Submittal Date | |

Operating Permit Requirement for Which Deviations are Being Reported

| ID Number | | Term & Condition No. | Pollutant | Regulatory Requirement Citation | Type of Requirement | SOP or GOP Index Number | Monitoring Method | Monitoring Frequency |
|-----------|----------|----------------------|-------------|---------------------------------|---------------------|-------------------------|-------------------|----------------------|
| Unit ID | Group ID | | | | | | | |
| N/A | N/A | N/A | Natural Gas | 122.146(2) | Reporting | N/A | N/A | N/A |

| Dev Item No. | STEERS Incident No. | Deviation Period | | | | No. of Dev | Cause of Deviation | Corrective Action Taken to Remedy or Mitigate Deviation Situation | | | |
|--------------------------|---------------------|------------------|-------|----------|-------|------------|--|--|--|--|--|
| | | Start | | End | | | | | | | |
| | | Date | Time | Date | Time | | | | | | |
| 1 | N/A | 12/13/09 | 16:00 | 12/13/09 | 16:02 | 1 | Turbine fire eye malfunction | Repaired and replaced wiring to fire eyes | | | |
| 2 | N/A | 12/14/09 | 11:00 | 12/14/09 | 11:02 | 1 | Maintenance activity to replace station controller module caused an Emergency Shutdown at facility | In the future all blowdown vents will be capped to prevent an Emergency Shutdown from occurring when a controller module is replaced | | | |
| 3 | N/A | 01/22/10 | 11:55 | 01/22/10 | 11:57 | 1 | Turbine fire eye malfunction | Replaced fire eyes. | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total Deviations: | | | | | | | Is there a Part 3 Miscellaneous Monitoring/Credible Evidence form supporting this deviation report? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |